

L24000 137 239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

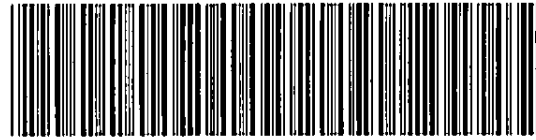
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DEPARTMENT OF REVENUE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kronmeyer Precision Dental Laboratories, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Troulis  
Name of Person

\_\_\_\_\_  
Firm/Company

3393 US Hwy 17-92W  
Address

Haines City, FL 33844  
City/State and Zip Code

pcmlaurie@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Troulis at (386) 597-3771  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee  \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FL

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Kronemeyer Precision Dental Laboratories, LLC

2. (a) 3393 US Hwy 17-92 W

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Haines City, FL 33844

(b) 587 Tor tuqas St

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

Haines City, FL 33844

3. March 20, 2024  
Date of filing/registration in Florida

4. L24 000137239  
Document number

5. (a) Casey Kronemeyer  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

587 Tor tuqas Street  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Haines City, FL 33844

(b) Lauren Troulis  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2912 Dove Lane  
NEW Registered Office Address:

Zolfo Springs, FL 33890

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Lauren Troulis  
Signature of a member or authorized representative of a member

Lauren Troulis  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Lauren Troulis  
Signature of Registered Agent

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