L24000 158 092

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

900432876159

07/11/24--01072--005 ++25.00

2024 JUL 11 PH 1: 46 SECRETARY CONSTENTS TALLARY SECURIC

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

KRT INNOVATION LLC.

. /

SUBJECT: _

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:

Michael Korte

Name of Person

KRT INNOVATION LLC

Firm/Company

2581 NW 123 Terrace

Address

Coral Springs, FL 33065

City/State and Zip Code

Mikeykorte@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yulisa Korte	305 at (986-2033
Name of Person	at (Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

Enclosed is a check for the following amount:

S25 Filing Fee

\$55 Filing Fee & Certified Copy



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.

ŧ.	Na	une of the limited liability company:	ON LL	.C		
2.	(a)	2581 NW 123 Terrace		(b)	2581 NW	123 Terrace
	()	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	_	()		Mailing address of limited liability company: (<u>Nate: MAY BE POST OFFICE BOX</u>)
		Coral Springs, FL 33065	_		Coral Spri	ngs. FL 33065
		April 02, 2024		T	.240001580	392
3. 5	(a)	Date of filing/registration in Florida Michael Korte	4.	_		Document number
	()	Registered Agent and Registered Office shown on the records of th 2581 NW 123 Terrace	he Flor	ida L	Dept. of State	- 0:
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRE</u>	<u>SS)</u>		- -
		Coral Springs, FL,	33065			2021 JUL 11 PH 1:46 SECRETARY OF STATE
	(b)	Yulisa Korte				ARY
	(Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office :	addr	<u>'ess</u> :	SEE PH
		2581 NW 123 Terrace				C. F. 46
		NEW Registered Office Address;				
		Coral Springs, FL	33065			-
cha age wa	inge ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egiste pility e `the li imited	red :om mito lia	office and pany, it is ed liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
	ignat	ure of a member or authorized representative of a member	<u></u>	icitit	ICT NOTIC	Printed or typed name of signee
pro the to r	ovisie obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to a erfori for in creby (ct ir nan Ch conj	t this capa ce of my a apter 605, firm that t	wity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

Signature of Registered Agent

۰.

. .

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 F1LING FEE: \$25.00