

24 000 2014 320

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

Office Use Only



200433031792

07 18:124-18:13:1-132 ***(E. 3)

2025, "" 10 [] 3: 34

COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	KR Digital LLC					
	·	Name of Limited Liability Company				
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.			
Please retur	rn all correspondence concernir	ng this matter to th	e following:			
CHAD SAK	CONCHICK					
	Name of Person					
BETTERLE	GAL INC					
	Firm/Company					
5473 Blair F	Rd., Suite 100, PMB 35833					
	Address					
Dallas, TX	75231					
	City/State and Zip Co	de				
filings@bett	terlegal.com					
E-ma	il address: (to be used for future	annual report not	ification)			
For further	information concerning this ma	itter, please call:				
CHAD SAK	CONCHICK	+) at (5129692339			
	Name of Person	w <u></u>	Area Code & Daytime Telephone Number			
Re Di P.0	ailing Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
En	closed is a check for the follow	wing amount:				
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy				
INHS18 (2/	i 4)					

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.

2. (a)	2875 S ORANGE AVE		(b) 2875 S O	RANGE AVE			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. •)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	STE 500 #6392		STE 500	#6392			
	ORLANDO, FL 32806		ORLAND	OO, FL 32806			
	05/30/2024		L24000244	1320			
3. 5. (a)	Date of filing/registration in Florida Roberto Hernandez	4.		Document number			
). (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 420 E CHURCH ST						
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) APT. 562			2000 2000			
	ORLANDO , FL 32801			<u>:</u> : ;			
	Registered Agents Inc			_			
• •	Enter name of NEW Registered Agent and/or NEW Registered	Office 2	ddress:	- - 			
	7901 4th St. N						
	NEW Registered Office Address:						
	STE 300			_			
	St. Petersburg, Fl	33702		_			
change agent was/w he art	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the exto Hernander	registe ability of of the li- limited	red office ar ompany, it mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.			
Signature of a member or authorized representative of a member				Printed or typed name of signee			
I here provisi he obi	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perform d for in hereby	ct in this cap nance of my Chapter 60 confirm that	pacity. I further agree to comply with the			

Signature of Registered Agent