

M17000 008 419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

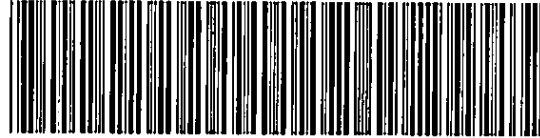
(Business Entity Name)

(Document Number)

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SEP 19 10 01 AM '19

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2019 SEP 10 PM 1:20
TALLAHASSEE, FL

SEP 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KRUSE ACQUISITIONS, 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:

Tim Kruse

Name of Person

KRUSE ACQUISITIONS, LLC

Firm/Company

8505 MILLER RD

Address

VERONA, WI 53593

City/State and Zip Code

TIM@KRUSEACQUISITIONS.COM

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

For further information concerning this matter, please call:

TIM KRUSE at (608) 237-1650
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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) 8505 MILLER RD. VERONA WI 53593

(b) 8505 MILLER RD. VERONA, WI 53593

10/02/2017

M17000008419

3. Date of filing/registration in Florida

4. Document number

5. (a) C T CORPORATION SYSTEM

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

C T CORPORATION SYSTEM1200 SOUTH PINE ISLAND F

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

. FL

(b) Registered Agents Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

7901 4th St N, STE 300St. Petersburg , FL 33702

NEW Registered Office Address:

FL

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.

Signature of a member or authorized representative of a member

Timothy J. Kruse

Printed or typed name of signee

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.

Bill Hume

Signature of Registered Agent

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

INHS18 (2/14)