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(Requestor's Name)							
(Address)							
· (Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bı	usiness Entity Nam	ne)					
	·	·					
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							
,	Office Use Onl	, # V					



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PD/1/8 10, 9.25,14

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Name	of Limited Liability Company					
Dear Sir or Madam:	·					
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
Jayne Christensen						
Name of Person						
Knorr & Knorr						
Firm/Company						
2660 S.W. 112th Avenue						
Address						
Davie, FL 33330						
City/State and Zip Code						
Jcknorr@hotmail.com						
E-mail address: (to be used for future annu	al report notification)					
For further information concerning this matter, p	please call:					
Jayne Christensen	654 649-1265					
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					
INHS18 (2/14)						

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.	Na	me of the limited liability company: Knorr & Kno	rr 416 L	_L(<u> </u>	· · · · · · · · · · · · · · · · · · ·
	(a)			b)		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(υ,	Ma	iling address of limited liability company: Note: MAY BE POST OFFICE BOX)
		2660 S.W. 112th Ave.		_	2660 S.W	. 112th Ave.
		Davie, FL 33330			Davie, FL	33330
		01/05/2011		L	_11000002	116
3.		Date of filing/registration in Florida	4.		D	ocument number
5	(a)	Jayne Christensen				
٥.	(4)	Registered Agent and Registered Office shown on the records of	of the Florid	la I	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		2660 S.W. 112th Avenue				. تر حس
		Davie , F	_L 33330)		14 SEP 18
	(b)					
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ddı	ress:	
		NEW Registered Office Address:				<i>ن</i>
		2810 Old Orchard Road				
		Davie _	_L 33328	3		
the age was the story of the to no.	e cha ent v is/we arti Signa here ovisi e obl mere tified	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the first of a member or authorized representative of a member oby accept the appointment as registered agent and agons of all statutes relative to the proper and completing in the registered agent as provided in writing of this change.	aws of the figure of the regulation of the linuted in the linuted	e S gist con mit lia	tered office a mpany, it is h ted liability of ability composition.	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in any. The Christensen error typed name of signee
Si	gnatu	re of Registered Agent				