

698815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

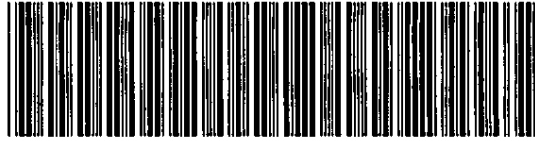
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O/D must Sign

Office Use Only



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03/24/16--01004--025 **35.00

R/A Chg

APR 27 2016

R. WHITE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 26 AM 10:06

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2016

ADAM J KNIGHT
100 S ASHLEY DR STE 450
TAMPA, FL 33602

SUBJECT: HICKS KNIGHT, P.A.
Ref. Number: 698815

We have received your document for HICKS KNIGHT, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If only the registered agent's address is changing and not the registered agent, an officer/director must sign in the appropriate space. If the registered agent is changing, then the registered agent must also sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 916A00006583

RECEIVED
16 APR 26 AM 11:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

HENRY W. HICKS
(1954-2014)
ADAM J. KNIGHT
LAURA L. WHITESIDE



100 S Ashley Drive
Suite 450
Tampa, Florida 33602
t 813.876.3113 · f 813.871.9202

March 21, 2016

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

Re: Hicks Knight, P.A.
Doc. No. 698815

CHANGE OF ADDRESS AND REGISTERED AGENT ADDRESS

To Whom It May Concern:

Enclosed, please find the completed Statement of Change of Registered Office and Registered Agent for Hicks Knight, P.A.

Our intent is to update the principal and mailing address for Hicks Knight, P.A. to 100 South Ashley Drive, Suite 450, Tampa, Florida 33602. Also, the registered agent's address should also reflect as 100 South Ashley Drive, Suite 450, Tampa, Florida 33602.

Please contact us if you have any questions or require additional information.

Sincerely,



Adam J. Knight

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hicks Knight, P.A.

Name of Corporation

DOCUMENT NUMBER: 698815

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam J Knight

Name of Contact Person

Hicks Knight, P.A.

Firm/Company

100 South Ashley Drive, Suite 450

Address

Tampa, Florida 33602

City/State and Zip Code

aknight@hicksknight.com

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

For further information concerning this matter, please call:

Adam J Knight

Name of Contact Person

at (813) 876.3113

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hicks Knight, P.A.
2. The principal office address: 100 South Ashley Drive, Suite 450, Tampa, Florida 33602
3. The mailing address (if different): 100 South Ashley Drive, Suite 450, Tampa, Florida 33602
4. Date of incorporation/qualification: 08/13/1981 Document number: 698815
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Adam J. Knight

400 North Ashley Drive, Suite 1500

Tampa, Florida 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Adam J Knight

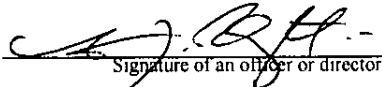
100 South Ashley Drive, Suite 450

P.O. Box NOT acceptable

Tampa, Florida 33602

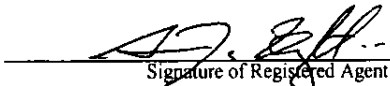
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Adam J. Knight President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

4-21-16
Date

If signing on behalf of an entity:

Adam J. Knight
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILED
16 APR 26 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA