

FISCONSORS

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(Requestor's Name)

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(City/State/Zip/Phone #)

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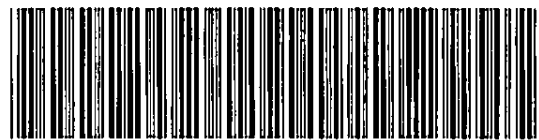
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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18 MAY 21 PM 2:23  
TALLAHASSEE, FLORIDA

MAY 23 2018  
S. YOUNG

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Koh Knox Incorporated  
Name of Corporation

**DOCUMENT NUMBER:** F18000000098

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:

Koh Knox  
Name of Contact Person

Koh Knox Incorporated  
Firm/Company

PO Box 2243  
Address

West Lafayette, IN 47996  
City/State and Zip Code

kohknox@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Koh Knox at ( 765 ) 426-7200  
Name of Contact Person 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 Indiana in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Koh Knox Incorporated
2. The principal office address: 2632 N 9th Street Rd, Lafayette, IN 47904
3. The mailing address (if different): PO Box 2243, West Lafayette, IN 47996
4. Date of incorporation/qualification: 1/8/2018 Document number: F18000000098
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)

Matthew O'Keefe

13108 Summer Lake Way

Clermont, FL 34711

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

Matthew O'Keefe


4319 SW 18th Pl

P.O. Box NOT acceptable

Cape Coral, FL 33914

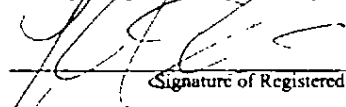
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Koh Knox - 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

5/14/2018  
Date

If signing on behalf of an entity:

Matthew O'Keefe  
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