

L090000002655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

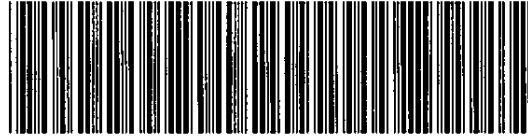
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200275605882

08/03/15--01031--008 **25.00

FILED
15 AUG -3 PM 2:01
TALLAHASSEE, FLORIDA

AUG 05 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Golden Knight Plumbing 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:

Paul Clapp

Name of Person

Golden Knight Plumbing LLC

Firm/Company

P.O. Box 670396

Address

Coral Springs, FL 33067

City/State and Zip Code

goldenknightplumbing@yahoo.com

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

For further information concerning this matter, please call:

Paul Clapp

Name of Person

at (954) 336-1822

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

**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. Name of the limited liability company: Golden Knight Plumbing LLC
2. (a) 6975 Julia Gardens Dr (b) P.O. Box 670396
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Coconut Creek, FL 33073

Coral Springs, FL 33067

3. 1/09/2009 4. L09000002655
Date of filing/registration in Florida Document number

5. (a) Karina Clapp
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6975 Julia Gardens Dr
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Coconut Creek, FL 33073
_____, FL _____

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Paul Clapp
NEW Registered Office Address:

6261 NW 41st Way
Coconut Creek, FL 33073

FILED
15 AUG -3 PM 2:01
TALLAHASSEE, FLORIDA

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.

Karina Clapp
Signature of a member or authorized representative of a member

Karina Clapp
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.

Paul Clapp
Signature of Registered Agent