(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



000374816780

2001 : 1 14 AM 10: 47

2021 OCT 14 PM 3:39 RECEIVED

Y SULKER OCT 15 2021

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I200000001	.95
	REFERENCE	: 104960	7864033
	AUTHORIZATION	Grellele	man
	COST LIMIT	: \$25.00	
ORDER DATE :	October 14, 2021		
ORDER TIME :	2:40 PM		
ORDER NO. :	104960-003		
CUSTOMER NO:	7864033		
	CHANGE OF A	<u>G</u> ENT	
NAME:	KNOPFTER CAPI	TAL, LLC	
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILI	NG:
	IED COPY STAMPED COPY		
CONTACT PERSON	: Eyliena Baker	EXT#	

EXAMINER:

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	ame of the limited liability company: KNOPFTER	R CAPITAL, LI	-LC
2. (a)	1451 W. CYPRESS CREEK ROAD SUITE 300	(b)	1451 W. CYPRESS CREEK ROAD SUITE 300
(u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FORT LAUDERDALE, FL 33309	<u>_</u>	FORT LAUDERDALE, FL 33309
	04/07/2010		L10000037924
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Knopf, Tricia		
	Registered Agent and Registered Office shown on the record 1451 W. CYPRESS CREEK ROAD SUITE 300	ls of the Florida	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	55
	FORT LAUDERDALE	, FL33309	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office add	Idress: HASSEE, FL
	Corporation Service Company		ASSES DE LO
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee	. FL	
change agent w was/we	or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite	the registered d liability con ers of the limi	ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	einz Kohler	Hein	nz Kohler Authorized Person
Signat	ure of a member or authorized representative of a member	_	Printed or typed name of signee
provisio the obli to mere notifiea	ons of all statutes relative to the proper and compl igations of my position as registered agent as prov Iv reflect a change in the registered office address I in writing of this change.	agree to act i lete performa ided for in Cl s. I hereby cor	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed Onfirm that the limited liability company has been
	maca Cokubly	Grace E. K	Kirby Asst, Vice President
Signatur	re of Registered Agent		