L10000061347

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SECRETARY OF STATE DIVISION OF CORPORATION

N. Cuitigan FEB 1 - 2011

COVER LETTER

Division of Corporations						
SUBJECT:	E/K K	night Services LLC				
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registere	ed Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please return all corres	pondence concerning th	is matter to the following:				
	Alejandra Saltare Name of Person					
E/K K	night Services LLC Firm/Company	 				
5455 \$	Southwest 191 Terr. Address					
	amar, FL 33029 State and Zip Code					
esalta E-mail address: (to be u	are21@yahoo.com sed for future annual report notif	fication)				
For further information	concerning this matter,	please call:				
Karla A.		ut (<u>954</u>) <u>520-6548</u>				
Name of P	erson	Area Code & Daytime Telephone Number				
STREET/COUI Registration Sectoristics of Corp Clifton Building 2661 Executive C Tallahassee, Flor	orations Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a c	heck for the following	amount:				
\$25 Filing F	ee	\$55 Filing Fee & Certified Copy				

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.	Naı	me of the limited liability company:	E/K Knight Services LLC					
2.	(a)	Principal office address of limited liability compar	ny:		S.			
		(Note: MUST BE STREET ADDRESS)	15821 Southwest 51st Street Miramar, FL 33027	JAN 3	CRE TA			
	(b)	Mailing address of limited liability company:	 	<u>-</u>	COSP F			
		(Note: MAY BE POST OFFICE BOX)	15821 Southwest 51st Street Miramar, FL 33027	=	<u> </u>			
		June 08, 2010	L10000061347	<u> </u>	NS SECTIONS			
3.	Dat	te of filing/registration in Florida	4. Document number					
5.	(a)	Registered Agent and Registered Office shown or	gistered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Agent:	Eloy Saltare 111	····				
Registered Office Address:			15821 Southwest 51st. Street Miramar, FL 33027					
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Karla Alejandra Saltare					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			5455 Southwest 191 Terr. Miramar					
(MOST BE TEORIDA STREET ADDRESS)				33029	9			
an lia of or	onfired the libit the libi	imited liability company is not organized under the med that after the change or changes are made, the be business office of the registered agent will be iderly company, it is hereby confirmed that the change members of the limited liability company or as other operating agreement of the limited liability company or as other limited liability company or authorized representative of a member	Florida street address of the registere itical. Or, in the case of a Florida lin s) was/were authorized by an affirma erwise provided in the articles of orga	eby d offi nited tive v nizat	ce ote ion			
<u> </u>	a	Eloy Saltare111						
I co	here mply d I d japte dres	or typed name of signee by accept the appointment as registered agent and by with the provisions of all statutes relative to the pi m familiar with and accept the obligations of my po er 608 F.S. Or, if this document is being filed to m ss, ithereby confirm that the limited liability compar	agree to act in this capacity. I furthe roper and complete performance of n osition as registered agent as provide erely reflect a change in the register ny has been notified in writing of this	r agr ny du ed for ed off chân	ee to ties, in ice ge.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00