## L12000055775

(Req	uestor's Name)	
(Addi	ress)	
bbA)	ress)	<u>.</u>
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docr	ument Number)	_
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Corporations	
KNZ CONNECT, LLC SUBJECT:	
Name of Lin	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Daniel F. Pilka	
Name of Person	<del></del>
Pilka & Associates PA	
Firm/Company	<del></del>
213 Providence Road	
Address	<del></del>
Brandon, Fl. 33511	
City/State and Zip Code	
dpilka@pilka.co9m	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Kelly Janssen at (	813 653-3800
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	nt:
S25 Filing Fee	☐ S55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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.

Na	me of the limited liability company: KNZ CONNEC	T, LLC ———	
		(b) _	
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11100 Hacienda Del Mar Blvd. Unit 402	l	1100 Hacienda Del Mar Blvd. Unit 402
	Placida, Fl. 33946	P	lacida, Fl. 33946
	4/24/2012	LI	20000055778
	Date of filing/registration in Florida	4.	Document number
(-)	John F. Wendel		
(a)	Registered Agent and Registered Office shown on the records of	of the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	336 West Highland Drive		. 20
	Lakeland, I	FL_33813	DZO OCT 19
(L)	Daniel F. Pilka		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addre	PASSEE, FL
	NEW Registered Office Address:		
	213 Providence Road		<del>.</del>
	Brandon	FL 33511	
nange gent v ras/w ne art Signa	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of pregnization or the operating agreement of the true of a member of a member of a member of the appointment as registered agent and a ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	he registered liability comes of the limited ne limited liab ————————————————————————————————————	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in polity company.  **EXATHRYN SPITER!**  Printed or typed name of signee this capacity. I further agree to comply with the