

L12000133804 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

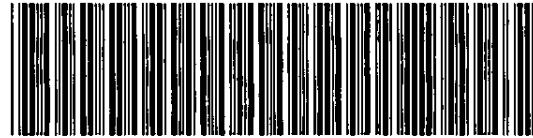
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200255269792

01/22/14--01024--004 \*\*25.00

JAN 22 10:16  
FALL RIVER, MA 01940

B. BOSTICK

JAN 27 2014

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Knockout Investments 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:

Donna SHAW

Name of Person

Firm/Company

4281 Express Lane Suite L2155

Address

SARASOTA FL 34238

City/State and Zip Code

dfshaw@bigpond.com

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

For further information concerning this matter, please call:

Donna Shaw

Name of Person

at (310) 5847219

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

TALLAHASSEE, FLORIDA  
2018 JAN 22 PM 10:16

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

*Pursuant to the provisions of sections 605.0114, 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: Knockout Investments LLC

2. (a) Principal office address of limited liability company: 424 E CENTRAL BLVD #504  
ORLANDO, FL 32801  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 424 E CENTRAL BLVD #504  
ORLANDO, FL 32801  
**(Note: MAY BE POST OFFICE BOX)**

10/22/2012

L12000133804

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: RIDDINGTON, IAN W  
Registered Office Address: 424 E Central Blvd  
Orlando, FL 32801

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


NEW Registered Agent: InCorp Services, Inc.  
NEW Registered Office Address: 17888 67th Court North  
**(MUST BE FLORIDA STREET ADDRESS)** Loxahatchee, FL 33470

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.

  
Signature of a member or authorized representative of a member

Nigel Szent  
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.*

  
Signature of Registered Agent on behalf of InCorp Services, Inc.

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

INHS18 (12/13)