## L12000 147734

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PICK-UP WAIT MAIL						
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CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Eyliena Baker -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT 1	: . OV	12000000	0195	
		REFEREI	NCE :	534002	7502814	
		AUTHORIZAT	ION :	Soulde	Cenan	
		COST LIM	MIT :	\$ 25-00	-	
ORDER	DATE :	February 28,	2023		<b></b>	
		4:22 PM				
ORDER :	NO. :	534002-010				
CUSTOM	ER NO:	7502814				
		<u>CHANGE C</u>		<u>T</u>		<b>-</b>
	NAME:	KNIGHT PC	HOLDIN	GS, LLC		
PLEASE	RETURN	THE FOLLOWING	G AS PR	OOF OF FII	LING:	
XX	_	FIED COPY STAMPED COPY				

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.

2. (a)	12161 Ken Adams Way	(b)	12161 Ken Adams Way					
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	110D2		110D2					
	Wellington, FL 33414	_	Wellington, FL 33414					
	November 26, 2012	I	_12000147734					
3.	Date of filing/registration in Florida	4.	Document number					
5. (a)	Nowicki, Mark J.							
5. (u)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept, of State:					
	480 Maplewood Drive		202					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	2023 Hin					
	Suite 2		<del>7</del> 2					
	Jupiter , FL	33458						
(b)								
	Enter name of NEW Registered Agent and/or NEW Registered Office address:							
	Corporation Service Company							
	NEW Registered Office Address:							
	1201 Hays Street							
	Tallahassee, FL_	32301	<del></del>					
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the real be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liab.	egistered oility con the limi	I office and the business office of the registered apany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in					
/s/	Samuel N. Knight Jr.	Sam	uel N. Knight Jr., Authorized Person					
Signat	are of a member or authorized representative of a member		Printed or typed name of signee					
provision the oblination in the oblination in the provision in the provisi	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I ha I in writing of this change.	e to act i performan for in Cl preby con	n this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept napter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been					

Signature of Registered Agent
Lindsey M. Baronie. Asst. Vice President on behalf of Corporation Service Company

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00