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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

Na	ane of the limited liability company: KNAPP INVEST	MENT	S, L	LC		***************************************
ı) ,			(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,		Mailing address of limi (Nate: MAY BE PO	
	351 PILOT POINT LANE			P.O. BO	X 2160	
	BOCA GRANDE, FL 33921			BOCA C	GRANDE, FL 33921	
	12/04/2012		i	120001:	51528	
	Date of filing/registration in Florida	4.			Document numbe	r
1)	GALBRAITH STATUTORY AGENT, LLC					
	Projectional Office Address (ASSIST RE STADIO A STREET	inn <i>pu</i> -	ee.		· 	
	Registered Office Address (MUST BE FLORIDA STREET)	IDDRE	<u>(2.2</u>			~~°
	9045 Strade Stell Court, Suite 106					020
	Naples FL	34109				
) .	C T Corporation System					2020 JUI. 24
	Enter name of NEW Registered Agent and/or NEW Registered	Off]ce x	ddr	<u>era</u> :	 -	# AM 10: U
	NEW Registered Office Address:		•			-
	1200 South Pine Island Road					
	Plantation , FL	33324			_	
ver	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited ling the authorized by an affirmative vote of the members of the perforganization or the operating agreement of the	the reg bility (f the li: limited	giste com mite I lia	red offi pany, it ed liabil bility co	ice and the business of t is hereby confirmed lity company or as of company.	office of the register I that the change(s)
1	ire of a support or authorized representative of a member	Ro	bert	D. Knap	pp Printed or typed name	
eb	y accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I h	ee to ac perform I for in	ct in man Ch	this ca ce of m	anacity I further agr	ree to comply with ti

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **FILING FEE: \$25,00**