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SECRETARY CONTRACT
TALLARASSEE FOR GRAPH

LCC RA/RO Change

COVER LETTER

Division of Corporations							
SUBJECT: HOWSTON A. W. KUILAT CLC Name of Corporation							
DOCUMENT NUMBER: 4/4000/8798							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
HOUSTON A. W. KNIGHT Name of Contact Person							
HOUSTONALUKNIGHT LLC Firm/Company							
6201 SCHALEKAMP DR. Address							
Spring Hill, Fl. 34609 City/State and Zip Code							
Spring Hill, Fl. 34609 City/State and Zip Code HAWK HAVENS & GMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:							
For further information concerning this matter, please call:							
HOUSTON A 112 VAILLAT 21352 346-2680							

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Area Code & Daytime Telephone Number

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.

1.	Na	me of the limited liability company: Houston A.W.	Knigh	t LLC	
2	(a)	6201 Schalekamp Dr.	_ (b	Same	
-	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (~	· / · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Spring Hill, FL 34609	_		
		Feb 3 2014		L14000	018798
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Corporation Service Company			
	()	Registered Agent and Registered Office shown on the records of th	e Florida	a Dept. of S	tate:
		1201 Hays Street			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	<u> </u>	
		Tallahassee, FL	32301		14 SEC TALL
	(b)	Houston A.W. Knight			AS NO T
	. ,	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:	\$ 4
		6201 Schalekamp Dr.			
		NEW Registered Office Address:			
		Spring Hill FL	34609		
the age was the	e cha ent v is/we e arti here ovisi e obl mere	mited liability company is not organized under the lawinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability accept the appointment as regimered agent and agreems of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	the regineration in the limited Ho	stered off ompany, inited liabiliability custon A	Tice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. W. Knight (Owner) Printed or typed name of signee Apacity. I further agree to comply with the
به کمار	24	Signature of Registered Agent			