

(Requestor's Name)				
(Address)				
(Address)				
(City	y/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ N	1AIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status _			
Special Instructions to Filing Officer:				
	091124			

Office Use Only



600433032256

S CHATHAM S SEP 12 2024

27 (15/24--211592--015 ++1 5.00

2024 SEP 12 AM 11: 27 SECRETARY OF STATE TALLAHASSEFF EA



August 2, 2024

BRUCE E. LOREN 7121 FAIRWAY DR. STE 104 PALM BEACH GARDENS, FL 33418

SUBJECT: LONG ASH KNIGHT, LLC

Ref. Number: L16000178435

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for INC/CORP but your entity is a FL LLC. Please complete and return the enclosed blank form(s). You may email the corrected documents or any questions you may have to: Vonterica.Williams@DOS.FL.GOV. PDF Format only.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 124A00017222

Vonterica S Williams
REGULATORY SPECIALIST II

www.sunbiz.org

District CO at DO DOV coor mile in con-

COVER LETTER

	ision of Corporations		
SUBJECT:	Long Ash Knight, LLC		
		Name of Limited	Liability Company
Dear Sir or l	Madam:		
The enclose	d Registered Agent/Registere	d Office Change an	d fee(s) are submitted for filing.
Please return	n all correspondence concerni	ng this matter to the	e tollowing:
Nicole Perdo	mo		
	Name of Person		<u> </u>
Loren & Kea	n Law		
	Firm/Company		
7121 Fairway	Drive, Suite 104		
	Address		
Palm Beach (Gardens, FL 33418		
	City/State and Zip Co	ode	
E-mail	address: (to be used for futur	e annual report noti	fication)
For further in	nformation concerning this ma	atter, please call:	
Nicole Perdor	no	561 at (615-5701
	Name of Person	(Area Code & Daytime Telephone Number
<u>Mai</u>	ling Address:		Street Address:
	istration Section		Registration Section
Divi	sion of Corporations		Division of Corporations
P.O.	Box 6327		The Centre of Tallahassee
Talla	ahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
Encl	osed is a check for the follow	ving amount:	
□ \$2	25 Filing Fee	□ \$	55 Filing Fee & Certified Copy
18011C 1 0 7 271 A			

INHS18 (2/14)

. . - N . .

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	ame of the limited liability company: Long Ash Ki	night, LLC	
2. (a)	4782 Lillian Ave., Palm Beach Gardens, FL 33418	(b) ⁴⁷⁸² Li	Ilian Ave., Palm Beach Gardens, FL 33418
,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9/23/2016	L1600017	18435
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Bruce E. Loren, Esq.		bocument number
J. (u)	Registered Agent and Registered Office shown on the record 7111 Fairway Drive, Suite 302	ds of the Florida Dept, of S	tate:
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	2024 SEP 12 SECRETARY TALLAHAS
	Palm Beach Gardens	, FL_ ³³⁴¹⁸	EP 12 LAHASS
(0)	Bruce E. Loren, Esq. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> and/or <u>NEW Registered Office Address:</u>	tered Office address:	AHII: 27 OF STATE SEE, FL
	Palm Beach Gardens	,FL_33418	-
nange igent w was/wei he artic	mited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the member eles of organization or the operating agreement of Mace Florida in the organization of the operating agreement of the of a member or authorized representative of a member of a green the appointment as registered agent and	the registered office a diability company, it ers of the limited liability co Bruce E. Loren	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. Printed or typed name of signee
he oblig o merel otified	y accept the appointment as registered agent and ins of all statutes relative to the proper and compligations of my position as registered agent as proving reflect a change in the registered office address in writing of this change. The of Registered Agent	agree to act in this cap lete performance of my vided for in Chapter 60 s. I hereby confirm that	vactiv. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

. . . . ,