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COVER LETTER

Division of Corporations
SUBJECT: Timothy Knotts LLC Name of Limited Liability Company
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:
Tim Knotts Name of Person
Name of Person
T. 1 1
Timothy Kno775 LLC Firm/Company
55 Locust Run Address
Ocala, fl 34472 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
T K 1 - 3 270 - 711 - 38AC
Name of Person at (352) 361-3805 Name of Person Area Code & Daytime Telephone Number
Their code at Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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 10/14					
1. Na	ame of the limited liability company: Tim othy	Knorys	LLC		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Ocala, £1 34472	(b) <u>5</u> 5	Mailing address of limite	ed liability company	
3. 5. (a)	Nos 7, 2016 Date of filing/registration in Florida United States Corporation Registered Agent and Registered Office shown on the records of the	4.	16000204 Document number		<u></u>
	13302 Winding Oak (Registered Office Address (MUST BE FLORIDA STREET A) Tampa ,FL	COUST DDRESS)	_	16 NOV 21 AM 9: 25	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Company Regis	Office address:		9: 25 Drations	
If the 1	Ocalq, Fl 34472 , FL imited liability company is not organized under the law	s of the State of		onfirmed that aff	er
the cha agent v was/we the arti	ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the latter of a member or authorized representative of a member	the registered off bility company, if the limited liabi imited liability c	fice and the business on it is hereby confirmed ility company or as other	office of the regis that the change nerwise provided	stered s)
I here provisi the obl to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	e to act in this c	anacity I further agr	ee to comply wit	h the accept filed een

Signature of Registered Agent