## 117000032942

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
(Business Entity Name)						
(Document Number)						
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO.	: 12000000195
REFERENCE	: 979289 4384197
AUTHORIZATION	: Sprets Ble man
COST LIMIT	
ORDER DATE : December 22, 201	7

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- ORDER TIME : 2:11 PM
- ORDER NO. : 979289-010
- CUSTOMER NO: 4384197

## CHANGE OF AGENT

NAME: THE KNIGHTS OF MALTA (US), LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft -- EXT # 62925

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.

1.	Na	me of the limited liability company: <u>THE KNIGHTS O</u>	F MAL	ΓA	(US), L	LC
2.	(a)	12555 BISCAYNE BOULEVARD, SUITE 816	(b)	)	same	
		Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )	_ (-/	· _		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		MIAMI, FL 33181	-	_		
			_			
		2/14/2017		L	.170000	32942
3.		Date of filing/registration in Florida	4			Document number
5.	(a)	CF REGISTERED AGENT, INC.				
	(4)	Registered Agent and Registered Office shown on the records of the	e Florida	De	pt. of Sta	te:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	100 S. ASHLEY DRIVE, SUITE 400					
		TAMPA	22602			- 22
		, FL, FL,	33602			
	(b)	Corporation Service Company				ė ė
	()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered ()</u>	ffice add	Ire	<u>vi</u> :	- 5
		1201 Hays Street				
		<u>NEW</u> Registered Office Address:				
						~
		Tallahassee, FL	32301			_
the age	cha ent w	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affimative vote of the members of	he regis bility co	ter mi	red offic pany, it	e and the business office of the registered is hereby confirmed that the change(s)
the	arti	cles of organization or the operating agreement of the	mited li	iab	ility co	mpany.
			Jam	es	Angleto	on, Jr., Mgr.
D	nerek	ure of a nember or autorized representative of a member by accept the appointment as registered agent and agree 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 he	e to act erforma for in C	in Inc	this cap ce of my apter 60	Printed or typed name of signee pacity. 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
to noi	mere lifiea	ly reflect a change in the registered office address. I he I in writing of this change,	ereby co	nf		
	Γ¢	no A calit			Emi	ly Croft
Si	gnatur	re of Registered Agent Corporation Service Company	вү: 🛔	ls	st. Vic	æ President
		Division of Corporations• P.O. Bo				

FILING FEE: \$25.00

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