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COVER LETTER

TO: Registration Sc Division of Co		
subject:	hilding knowledge LL . Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registere	Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all corres	pondence concerning this matter to the following:	
KYISTY	Perez Name of Person	
Harvard	Firm/Company	2019
8955	NW 50th (t.) Address	FILED 2019 APR 29 P
Jun 188	FL, 3335) hy/State and Zip Code	PH 4: 25
E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
KYISTY PE	of Person at (305) 409 - 77 40 Area Code & Daytime Telephone	: Number
Registration So Division of Co Clifton Buildir	proporations Division of Corporations P.O. Box 6327 Center Circle Tallahassee, Florida 32314	
Enclosed is a	check for the following amount:	
\$25 Filing I INHS18 (2/14)	Fee S55 Filing Fee & Certified Copy	

*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.

Florida	<i>i</i> .			,				
i. Na	ime of the limite	d Hability company:	Aldin	9	KNOWL	<u>edge 1</u>	<u>[</u>	
2. (a)	8955 N	V 50th 1t.) (b)	1841	NW 371	nd Ut.	
2. ()	Principal o	fice address of limited liability com MUST BE STREET ADDRESS			M	ailing address of li (Note: MAYBE)		
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3.		filing/registration in Florida		4.	I	Document number	ber	
5. (a)	CYNT	hia Perez						
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	Registered Office	Åddress <u>(MUST BE FLORID.4 .</u> 	<u>STREET ADI</u>	<u>)RESS)</u>			2019 APR 29	•••
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	<u> Dor</u>	a\	FL	<u> 3.51</u>	72			F/300
(b)	Krist	J Deret					PH F	0
(())	Enter name of NEV	W Registered Agent and/or NEW b	Registered Of	Tice addr	ress:		# 2 T. T. T.	
	79/11	11101 27.04	CI					
	NEW Registered	TNVV DLY\Q	UT	<u></u>				
	<u>-</u>							
	1.							
	Dor	al	FL	331	22			
If the li	imited liability o	qmpany is not organized und	er the laws	of the S	State of Flo	rida, it is hereby	y confirmed tha	t after
the cha	inge or changes : vill be identical	are made, the Florida street ac Or in the case of a Florida I	ddress of the imited liabi	e regist lity cor	ered office npany, it is	and the busines hereby confirm	ss office of the r ned that the cha	registered ngc(s)
was/wa	ere authorized by	van affirmative vote of the m tion or the operating agreeme	embers of t	he limit	ted hability	rcompany or as	otherwise prov	rided in
						Printed or typed n	ertt	
Signat	ture of a meather or	authorized representative of a memi	ber					
I herel provisi	by accept the ap ons of all statute	pointment as registered agen es relative to the proper and c	t and agree complete pe	to act i vyforma	in this capa nce of my d	city. I further a luties, and I am	agree to comply familiar with a	with the nd accept
the obli	igations of my p ely reflect a char d'investion acce	pointment as registered agen es relative to the proper and co osition as registered agent as nge in the registered office ac out change	i provided j ldress, I hei	or in Ci reby coi	napier 605, nfirm that t	r.s. Or, y mis he limited liabi	lity company ho	is been
попрес	Tin writing of th	is change.						
Signatu	re of Registered Ag	ent						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00