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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC REGISTERED AGENT CHANGE KNIP LLC

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H22000249447 3

CC	OVER LETTER 2	
TO: Registration Section Division of Corporations		
SUBJECT: KNIP LLC		
SUBJECT:	mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Joshua Murphy		
Name of Person		
Registered Agent Solutions, Inc.		
Firm/Company		
Corporate Center One, 5301 Southwest Pkw	v. Ste 400	
Address		
City/State and Zip Code		
Chyrstate and Zip Code		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, please		
Joshua Murphy	888 705-7274	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Registration Section		
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amou	nt:	
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy	
INHS18 (2/14)		

H22000249447 3

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.

l. Na	ime of the limited liability company: KNIP LL	.C		
2. (a)	450 BEACH ROAD 218	_(b) 450 E	BEACH RO	AD
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	N	Mailing address of limited I (Note: MAY BE POST OF DBEACH, F	iability company: OFFICE BOX
	VERO BEACH, FL 32963	VERC	J BLACH, I	L 32303
	11/16/2017	L1700	0236656	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	BLUMBERGEXCELSIOR CORPORATES	SERVICES, INC.		
	Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DR 1S Registered Office Address (MUST BE FLORIDA STREET)	ST FL	:	20
	TALLAHASSEE, FI	32301		2022 JUL
(b)	Registered Agent Solutions,	, Inc.	•	77. FIL - 22
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		HHW ED
	155 Office Plaza Dr.			-
	NEW Registered Office Address: Suite A			<u>w</u>
	Tallahassee	32301		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

101	Alibbi	DePasquale
/S/	IVIKKI	Derasuuaie

Nikki DePasquale Authorized Person
Printed or typed name of signee

Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent