

L18000006393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

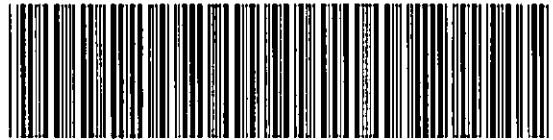
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/22/18--01006--006 **35.00

FILED
MAY 22 2018
CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2018

MARSHA SIHA
17350 HWY 249
HOUSTON, TX 77064

SUBJECT: KNIGHT ESTATE HOLDINGS, LLC
Ref. Number: L18000006393

We have received your document for KNIGHT ESTATE HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 318A00010883

RECEIVED

2018 JUN -8 AM 9:52

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

JUN -8 AM 11:19

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KNIGHT ESTATE HOLDINGS, LLC
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:

Marsha Siha
Name of Person

Incfile
Firm/Company

17350 Highway 249
Address

Houston, TX 77064
City/State and Zip Code

efile1234@incfile.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marsha Siha at (855) 829-9090
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 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.

1. Name of the limited liability company: KNIGHT ESTATE HOLDINGS, LLC

2. (a) 2269 S UNIVERSITY DRIVE (b) 2269 S UNIVERSITY DRIVE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

SUITE 5130

SUITE 5130

DAVIE, FL 33324

DAVIE, FL 33324

01/08/2018

L18000006393

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

KNIGHT, SAMUEL B, JR

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2269 S UNIVERSITY DRIVE SUITE 5130

DAVIE, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

LEGALINC CORPORATE SERVICES INC.

NEW Registered Office Address:

5237 SUMMERLIN COMMONS, SUITE 400

FORT MYERS, FL 33907

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.

Samuel Knight Jr.

Signature of a member or authorized representative of a member

Samuel Knight Jr. Managing Member

Printed or typed name of signer

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.

[Signature]

Signature of Registered Agent