

L18000087976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

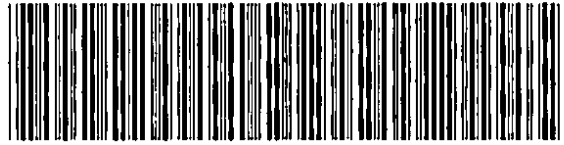
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



200389607102

RECEIVED

2022 JUN 15 PM 3:35

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2022 JUN 15 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER  
JUN 16 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 744973 8365416

AUTHORIZATION : 

COST LIMIT : \$ 25.00

-----  
ORDER DATE : June 15, 2022

ORDER TIME : 2:16 PM

ORDER NO. : 744973-005

CUSTOMER NO: 8365416  
-----

CHANGE OF AGENT

NAME: KNOCK TITLE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KNOCK TITLE, 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: KNOCK TITLE, LLC

2. (a) 25 North Market Street  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Suite 239  
Jacksonville, FL 32202

(b) 25 North Market Street  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Suite 239  
Jacksonville, FL 32202

3. 04/11/2018  
Date of filing/registration in Florida

4. L18000087976  
Document number

5. (a) C T Corporation System  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 South Pine Island Road  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
Plantation, FL 33324

**FILED**  
2022 JUN 15 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

(b) Corporation Service Company  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 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.

/s/ Stephen Wegner  
Signature of a member or authorized representative of a member

Stephen Wegner  
Printed or typed name of signee

*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.*

Cynthia Leski  
Signature of Registered Agent

Cynthia Leski, Asst VP