

L 15 000 161 686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

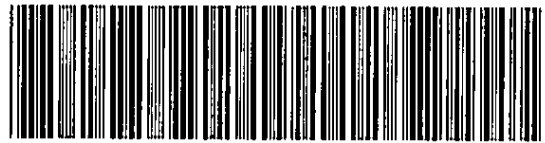
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

11/29/21

10/22
NO\$

Office Use Only



300375368663

11/20/21--01024--004 **25.00

FILED
2021 NOV 29 PM 5:33
SECRETARY OF STATE
TALL PINE, NC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV 29 PM 12:32

November 2, 2021

TEENA JOHNSON
15219 GOLDFINCH CIRCLE
WESTLAKE, FL 33470

SUBJECT: KNOX ROMAN, LLC.
Ref. Number: L18000161686

We have received your document for KNOX ROMAN, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 721A00026670

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KNOX ROMAN 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:

TEENA JOHNSON
Name of Person

KNOX ROMAN LLC
Firm/Company

15219 GOLDFINCH CIRCLE
Address

WESTLAKE, FL 33470
City/State and Zip Code

TEENA.JOHNSON@KNOXROMAN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TEENA JOHNSON at (305) 610-0446
Name of Person 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: KNOX ROMAN, LLC,

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

15219 GOLDFINCH CIRCLE

15673 SOUTHERN BLVD, #107-174

WESTLAKE, FL 33470

LOXAHATCHEE GROVE, FL 33470

7/2/2018

L18000161686

3. Date of filing/registration in Florida 4. Document number

5. (a) TEENA JOHNSON

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

377 NE 194TH LANE

MIAMI, FL 33179

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

NEW Registered Office Address:

15219 GOLDFINCH CIRCLE

WESTLAKE, FL 33470

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.

TEENA L. JOHNSON

Signature of a member or authorized representative of a 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 of Registered Agent

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

FILED
2021 NOV 29 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FL