4/12/2019



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(((H19000121500 3)))



H190001215003ABCT

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CALANDRINO LAW FIRM

Account Number : I20090000062 Phone : (407)621-4200

Fax Number : (407)621-4210

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

Email Address: into @ smortchoice marketing ne

REGISTERED AGENT CHANGE KNACK'S PLACE HOLDINGS, LLC

Certificate of Status	0
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Page Count	03
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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. N	ame of the limited liability company: KNACK'S PL	ACE	HOLDIN	IGS, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2049 S. RIDGEWOOD AVE.	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) S. RIDGEWOOD AVE.
	DAYTONA, FL 32119			TONA, FL 32119 0236966
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of Assured Compliance Services, LLC Registered Office Address (MUST BE FLORIDA STREET) 214 S. Park Ave. STE. B			State:
	Winter Park , FL			19 PR
(b)	Enter name of NEW Registered Agent and/or NEW Registered Liza Stonecipher NEW Registered Office Address:	Office	address:	12 M 9
	2049 S. RIDGEWOOD AVE.			- 59 RIDA
	imited liability company is not organized under the lav		he State o	THE RULL HE DUSINESS OFFICE OF THE LEWISICION
agent v	will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ability of the li limite	company, imited list d liability	bility company or as otherwise provided in company.
	V / Shares	ഥ	za Stone	ecipher
I here provisi the obi to mer notifie	Authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I disputing of this change.	ree to a perfor d for b hereby	ict in this mance of Chapter confirm i	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Signatu	Division of Corporations P.O. 1	Box 63	27• Talla	abassee, FL 32314

FILING FEE: \$25.00

· INH\$18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: KNACK'S PLACE HOLDINGS, LL	c		_	
Name of Li	mited Liability Company		_	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
Liza Stonecipher				
Name of Person				
KNACK'S PLACE HOLDINGS, LLC				
Firm/Company	······································			
2049 S. Ridgewood Ave.			छ	
Address		養質	APR	71
Daytona, FL 32119		的 一 一 一 一 一 一	12	
City/State and Zip Code			圣	
info@smartcholcemarketing.net			က္	
E-mail address: (to be used for future annual repo	ort notification)	> ' '	59	
For further information concerning this matter, please of	zall:			
Liza Stonecipher 3.	86 290-4031			
Name of Person	Area Code & Daytime Telepho	me Numbe	Ħ	
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	t:			
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			