## L19000076221

(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:						





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SECRETARY OF STATE

Ja 09/22/20

## **COVER LETTER**

	egistration Section ivision of Corporations					
SUBJECT:	HARTWELL KNB LLC					
	Name of Limited Liability Company					
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please retu	urn all correspondence concerning	g this matter to the t	following:			
	William Pendleton Name of Person					
	Hartwell KNB LLC Firm/Company		_			
1817 NW I	13TH STREET					
	Address		<del></del>			
GAINESV	ILLE, FL 32609					
	City/State and Zip Cod	le				
will@hartw	vellknb.com					
E-ma	iil address: (to be used for future	annual report notifi	cation)			
For further	r information concerning this mat	ter, please call:				
Christian G	arrett King	941 at (	504-0016 )			
	Name of Person		Area Code & Daytime Telephone Number			
Ro Di P.	ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Er	nclosed is a check for the follow	ing amount:				
	\$25 Filing Fee	5 Filing Fee & Certified Copy				

INHS18 (2/14)

## 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: HARTWELL KN	NB LLC			
2 (a)			(b)		
Σ. (α)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1817 NW 13TH STREETGAINESVILLE, FL 32609		16445 SW	133RD AVEARCHER, FL 32618	
	03/19/2019		L190000762	21	
3.	Date of filing/registration in Florida	<b>4</b> .		Document number	
5. (a	Christian Garrett King				
J. (a.	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>		
	1817 NW 13th Street				
	Gainesville	32609		2020. SECF	
(b)	William Pendleton			FIL 28 JUL 28 SECRETARN	
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ILED TARY OF STATE AHASSEE, FL	
	6445 SU 1332 Auc				
	NEW Registered Office Address:				
		<del></del> .			
	Archer, FI	<u> 320</u>	118		
chang agent was/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register ability c of the lin	red office and ompany, it is nited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	2/ ====================================	Wi	lliam Pendleto	n	
43ign:	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mer	thy accept the appointment as registered agent and agricions 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 is d'in writing of this change.	ree to ac perforn d for in hereby c	t in this capa nance of mv d Chapter 605, confirm that th	city. I further agree to comply with the uties, and I am familiar with and accep. F.S. Or, if this document is being filed he limited liability company has been	
<u>///</u> Signah	are of Registered Agent				