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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

LLC REGISTERED AGENT CHANGE KNIGHT CONSULTANTS, LLC

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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: Knight C	onsultants,	, LLC				
2. (a)		(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	address of limited liability company:			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	08/21/20	L2000	00259017				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)	, WASHINGTON, TIFFANY						
., (11)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	ate:				
	6938 SANDLE DR						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)					
	JACKSONVILLE , FI	_{1.} 32219	_				
(b)	Northwest Registered Agent	LLC		2022 APR			
. ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		APR	<u> </u>		
	7901 4th St N		2 6 9 3 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8	APPROVED		
	NEW Registered Office Address:		· ·	. ₽			
	STE 300			ယ	<u>_</u>		
	St. Petersburg, FI	L <u>33702</u>					
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered offi- iability company, it of the limited liabil e limited liability co	ce and the business office of is hereby confirmed that the ity company or as otherwise ompany.	of the ro he chan	egistered = .ge(s)		
	ature of a member or authorized representative of a member	Morgan N					
I here provis the ob to mer	eby accept the appointment as registered agent and ages ions of all statutes relative to the proper and complete stions of all statutes relative to the proper and complete stigations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. Tom Glover - Assistance	e performance of m ed for in Chapter 60 hereby confirm tha	Printed or typed name of sign pacity. I further agree to cy duties, and I am familiar 15, F.S. Or, if this document the limited liability comp	connly	with the id accept ing filed s been		
Signati	ure of Registered Agent						