120000261954

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(50	anicos Entity Harrier
(Da	cument Number)
(DC	cument number)
Certified Copies	Certificates of Status
_	
Special Instructions to	Filing Officer:
	J DENNIS
	AUG 2 4 2023
<u></u>	

Office Use Only



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08/07/23--01046--022 **55.00

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJI	Kneidinger LLC				
	Name	of Limited Lia	ability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office	Change and f	ec(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to the fo	ollowing:		
Mark K	Ineidinger				
	Name of Person				
Kneidi	nger LLC				
	Firm/Company				
3300 B	innacle Dr., Unit 112				
	Address		_		
Naples	, Florida 34103				
	City/State and Zip Code		_		
kneidir	gerllc@gmail.com				
- H	-mail address: (to be used for future annua	il report notific	cation)		
For fu	ther information concerning this matter, pl	lease call:			
Mark k	Cneidinger	239 at (300-8434		
	Name of Person	_ u. (Area Code & Daytime Telephone Number		
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following a	mount:			
	□ \$25 Filing Fee	\$ 5	■ \$55 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. Na	ame of the limited liability company: Kneidinger LLC	;					
2. (a)	Mark Kneidinger		(b) Mark Kneidinger				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	.		Mailing address of limited li (Note: MAY BE POST C		-	
	3300 Binnacle Dr., Unit 112		3300 Binn	acle Dr., Unit 112			
	Naples, Florida 34103	<u>-</u>	Naples, Fl	orida 34103			
	August 24, 2020		L200002619	954			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	United States Corporation Agents, Inc						
J. (a)	Registered Agent and Registered Office shown on the records of United States Corporation Agents, Inc.	f the Flo	rida Dept. of Stat	te:			
	Registered Office Address 5575 S. Semoran Blvd.	T ADDR	ESS)	_		<i>(</i>)	
	Orlando	3282	2		2023 AUG -7	7. Ci	
(b)	Mark Kneidinger Enter name of NEW Registered Agent and/or NEW Registered Office address: Mark Kneidinger			_	-7 AM 8: 30	CLUBETARY OF STATE	
	NEW Registered Office Address:			-	30		
	3300 Binnacle Dr., Unit 112	_					
	Naples , F	. 3410. L	3	_			
change agent was/we the arti- Signa I here provisi the oblito meronotified	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and as it is a complete to the proper and complete ligations of my position as registered agent as provided in verting of this change.	e regis iability of the e limite	tered office an company, it i limited liabilited liability con Aark Kneidinge	od the business office of shereby confirmed that ty company or as otherwines. Printed or typed name of secrets. I further ugree to	the register the change wise provid	red e(s) ed in	