## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

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.\*\*

	Address:			
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## LLC REGISTERED AGENT CHANGE KNIGHTS CONTRACTING 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: Knights	Conti	racting	LLC		
2. (a)		(	b)			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		failing address of limited (Note: MAY BE POST		
	7901 4th St N STE 300		7901 4t	h St N STE 30	0	
	St. Petersburg FL		St. Peter	sburg FL 33702		
	06/06/2022		L22000	0259197		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	, KNIGHT, DARIEL T					
J. (II)	Registered Agent and Registered Office shown on the records	of the Floric	la Dept. of State	:		
	12811 MOSS PARK RIDGE DRIVE	<del>.</del>				
	Registered Office Address (MUST BE FLORIDA STREAM)	ET ADDRES	(S)			
	ORLANDO	<sub>FL</sub> 3283	2		202	
(b)	Registered Agents Inc.				2022 להר 25	
,	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:		22	巴拉
	7901 4th St N				AH II:	٢٥٤
	NEW Registered Office Address:					7
	STE 300		<del></del>		20	
	St. Petersburg	<sub>FL</sub> 3370	2			
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the member ticles of organization or the operating agreement of	s of the reg d liability or rs of the lii the limited	istered office company, it is mited liability liability com	and the business off hereby confirmed the company or as othe	ice of the reg nat the change	gistered e(s)
Sign	R: Lug Tak ature of a member or authorized representative of a member		ley Park	Printed or typed name o	l signee	
I here provis the ob- to mei	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	ese nertorn	nance of my a Chapter 605, confirm that t	ncity. I further agree duties, and I am fami	to comply w	accent

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

Signature of Registered Agent