SECRETARY OF STATE TALLAHASSEE, FLORIDA

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DOCUMENT #	L9900003328\						
THE KNOB SHOPAND	MORE LLC						
	,						
Principal Place of Business	Mailing Address						
8471 56TH WAY N	8471 56TH WAY N						
PINELLAS PARK FL 33871	-PINELLAS PARK FL 33781-1416						
	•						
2. Principal Place of Business	3. Mailing Address						
7560 92nd St. No	. 9560 92 <sup>nd</sup> ST. No.						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
45.3.4	· '   # 4						

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2. Principal Place of Business 3. Mailing Address 4560 92 <sup>nd</sup> ST. No. 4560 92 <sup>nd</sup> S			ST. No.	1 (00)(\$811 808 (8510 1811) 883)) 883)) 883)) 883)) 883(0 883) 883(0 11)08 11)08 11)0 (\$188 1810 180)					
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
		City & State		4. FEIN	4. FEI Number		Applied For		
Seminole, FL Seminole		FL		59-3587288		Not Applicable			
<sup>Zip</sup> 337	PA Country USA	Zip 33.7-77 Country - U.S.A.—		5. Certi	5. Certificate of Status Desired   \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent ,					
			Name	Name					
HINES, JAMES P				Charat Address (DO Dev Allembar in Not Acceptable)					
315 SOUTH HYDE PARK AVENUE			Street A	Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33606									
IAMPA PL 33000						, 	-		
			City	City FL Zip Code					
8. The above named arrity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.									
SIGNATURE & AUDREY E. HUGO 4/28/00									
SIGNATURE Signature types of printed harne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$50.00									
		Make Check Pay	able to Depart	ment of State			1		
		<b>v</b> ,							
9.	MANAGING MEMBE	RS/MEMBERS	10.	1	ADDITIONS/CHANGES				
TITLE	MGRM	Delete	TITLE			Change	Addition		
NAME	HUGO, AUDREY E		NAME STREET ADDRESS						
STREET ADDRESS	1000 02110 01 11						Į;		
CITY-8T-ZIP	0202_ (2.00)								
TITLE	MGRM	Dedects	TITLE			Change	Addition		
NAME	CUMMINGS, LISA R	, ,	MAME				1		
STREET ADDRESS CITY-ST-ZIP	8471 56TH WAY N		STREET ADDRESS City- St- Zip		1		1		
_	PINELLAS PARK FL 33871		-		· · · · · · · · · · · · · · · · · · ·	Change	Addition `		
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NAME STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY- 8T- ZIP						
TITLE			TITLE			☐ Change	Addition		
NAME	•	المراجية الم	MAME				_		
STREET ADDRESS	,		STREET ADDRESS		30000032 -05/30/1		<u> </u>		
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TITLE		Delete	TITLE			Change	<del>. U. UU  </del>		
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STREET ADDRESS			STREET ADDRESS				}		
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MARÇE	3		NAME						
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CITY-8T-ZIP	•	•	CITY-ST-ZIP						
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED MANAGER SIGNING MANAGING MEMBER OR MANAGER