7/12/2021

## Electronic Filing Cover Sheet

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(((H21000268079 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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## LLC REGISTERED AGENT CHANGE KOCH KNIGHT, LLC

Certificate of Status	0
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JUL 1 4 2021

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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. Na	me of the limited liability company: Koch Knight, LLC	2					
-	4111 E. 37th Street North		(b) 4111 E. 37th Street North				
2. (a)	Principal office address of limited liability company:  (Note: MUST RE STREET ADDRESS)	<u> </u>	(-)	Mailing	address of limited li : MAY BE POST O	ability comp OFFICE BO	any: 30
	Wichita, KS 67220	<del></del>		Wichita, KS 6722	20		
	10/13/2003			M03000003413			
3. 5. (a)	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.		Docur	ment number		
J. (a)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Flori	da I	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET.	(DDRE	SS)				9
	PLANTATION, FL	33324			<b>21</b> JUL		
(b) _	United Agent Group Inc.					<u>.</u> _	다 유 C
	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:		P	SS - S
	801 US Highway !					2: 33	RY OF STATE CORPORATIONS
	NEW Registered Office Address:					ယ	SNO
	North Palm Beach, FL	33408					
change agent v was/we	imited 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 his ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li limited	con mi His	l office and the b apany, it is hereb ted liability company. ability company.	ousiness office of by confirmed that pany or as other	t the regist	erea ge(s)
	Edusardu				n-Pact d or typed name of a	tionee	
I here provisi the obl to mero notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if in writing of this change.  Danielle Goss re of Registered Agent	perjori d for in tereby	mai Cor	n this capacity. nce of my duties, napter 605, F.S. nfirm that the lim	I further goree to	o comply y	vith the d accept ng filed been