MIDDODDOUTIT

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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115 N CALHOUN ST.; STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	06/17/2021						
	Chris Vick						
Reference #	4204447						
Entity Name	EKNIGHT PO	DINT SYSTEMS, LLC					
	es of Incorporation/Authorizati						
☐ Amer	ndment						
✓ Chan	ige of Agent						
Reins	statement						
☐ Conv	Conversion						
☐ Merg	er						
☐ Dissolution/Withdrawal							
☐ Fictiti	ous Name						
Othe	r						
Authorized A	Amount / \$25.00						

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.

I. Na	time of the limited liability company: KNIGHT PC	DINT SY	STEMS,	LLC
	Principal office address of limited liability company:)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	No Change		No Cha	nge
	July 1, 2019			M19000006719
ξ.	Date of filing/registration in Florida	4.	•	Document number
5. (a)	CT CORPORATION SYSTEM			
, (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	e:
	1200 S PINE ISLAND RD			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS,	<u></u> <u>)</u>	, 20:
	PLANTATION	33324		2021 JUH 18 AM 9: 06
(b)	COGENCY GLOBAL INC.			
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	و و
	115 North Calhoun St., Suite 4		_,	· 36
	NEW Registered Office Address:			
	Tallahassee	32301		-
	Tallahassee, FL	32301		_
he cha igent v was/wa	imited liability company is not organized under the latinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regis lability co of the lim	tered offic mpany, it i ited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
/s/ J	im Winner	Jim \	Winner	
~	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi he obl to mer	by accept the appointment as registered agent and agn ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	* *17*1*1/1 2*171/	115772 717 1911:	annes anal Lam taminar with ana accen
	rim Mayville			
Signatu	re of Registered Agent Tim Mayville, Assistant Secr	retarv		

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