

PO2000048134

Kona Knox

17980 NE 31<sup>st</sup> #1201

Aurora, IL 60016

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400008556234

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT 25 PM 3:15

10/25/02--01105--003 \*\*35.00

RA Chg.

V SHEPARD OCT 30 2002

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE KNOX GROUP, Incorporated
2. The principal office address: 17980 NE 31 Ct #1201  
Aventura FL 33160
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/22/02 Document number: P020000481345
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
- PIERRE HALLAWAY Esq  
1175 NE 125 Stn #103  
NORTH MIAMI FL 33161
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- KAREN KNOX  
17980 NE 31 Court #1201  
(P.O. Box or personal mailbox NOT acceptable)  
AVENTURA FL 33160

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

**\* \* \* FILING FEE: \$35.00 \* \* \***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314