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TO: Amendment Section Division of Corporations

SUBJECT: (Name of Corporation)

DOCUMENT NUMBER: D + DOD | S | L6 |

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

Charter Knight P.A.

(Firm/Company)

ASS Herroet & Drive

(Address)

ST Peter FL. 33706
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles Knight at (72) 363 7135 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Maiting Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 65, 8, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of
1. The name of the corporation: Charles Knight P. A.
2. The principal office address: 253 Hermolita Drive
ST Peto Beach FL 33764
3. The mailing address (if different):
4. Date of incorporation/qualification: 2-25-2005 Document number: 40 4000 15716
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
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44 is Frogler St Soite 68
miani, Pl. 33,30 = = = =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Charles Knight Fig 7 F
253 Hernosita Drive Es in
(P.O. Box NOT acceptable)
SI FER BACK FC 33184
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 of diffector) (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)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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