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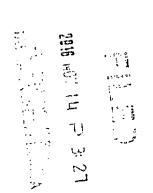
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COVER LETTER

TO:

Amendment Section Division of Corporations

Knights Administration Inc.

Name of Corporation

P05000047510

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:

Nikki J. Semanchik, Esq.

Name of Contact Person

For Purpose Law Group

1435 30th Street

Address

San Diego, CA 92102

nhsemanchik@forpurposelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikki Semanchik

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

Mailing 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

COBSTA

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

•	provisions of sections 60 ange is submitted for a co				
-	r to change its registered	•		· 	 _
1. The name of t	the corporation: Knight	ts Administr	ation Inc.		
2. The principal	office address: 1 Civic	Center Drive	Suite 310, S	an Marcos	CA 92069
		seven i i ii			
3. The mailing a	nddress (if different):			· · · · · · · · · · · · · · · · · · ·	LANCE CHAR
	to all a comme				
4. Date of incorp	poration/qualification: 3	/31/2005	<u>n</u> ⊮Docüment-nun	ber: P05000)47510 ₂₅₃
	d street address of the current of State: (If resign	ed, enter resigned) of Marin 1		the
	Business Filings	s incorporat	ed * ·		
	1200 South Pine	e Island Ro	ad Sirena		_
	Plantation, FL 3				B CT
6. The name and (if changed):	InCorp Services	w registered agent	(if changed) and /o	r registered office	
	17888 67th Cou	Irt-North			نر ا پی کا
as changed will	ess of its registered office be identical. as authorized by resolution to board, or the corporati				., -
1711		•	Will Lindahi, F		
I hereby accept. I further agree of performance of agent. Or lift the hereby confirm	the appointment as registo comply with the provising duties, and I am familis document is being filed that the corporation has written of Repleteral Agent	stered agent and sions of all statut lliar with and acd d merely to reflect been notified in		capacity. oper and comple of my position as egistered office a	
, ,	half of an entity:		•	र्च ः	
	behalf of InCorp Service	ces, Inc.			
	yped or Printed Name				• .
	**	* FILING FEE	: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)