

PD5000121593

Mary Jo Spalinger
(Requestor's Name)

Business Filings Incorporated
(Address)

8040 Excelsior Dr, 200
(Address)

Madison WI 53717
(City/State/Zip/Phone #)

☐

PICK-UP

☐

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06/20/08--01018--003 **35.00

(Business Entity Name)

(Document Number)

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RA change
Thurs
6-23-08

**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: C. Knapp Inc.

2. The principal office address: 1313 St. Tropez Circle, #1501, Weston, FL 33326

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/1/2005 Document number: P05000121593

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

RE DIPPERTILINGS INCORPORATED

1203 Governors Square Blvd., Suite 101

Tallahassee, Florida 32301-2960

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

Business Filings Incorporated

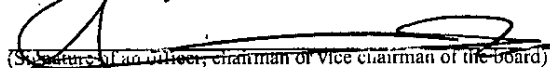
1203 Governors Square Blvd., Suite 101

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, Florida 32301-2960

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)

Andrew Knapp, President

(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)

6-17-08

(Date)

If signing on behalf of an entity:

Mark Williams

(Typed or Printed Name)

AVP

(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

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