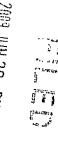
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COVER LETTER

TO: Amendmer Division of	nt Section Corporations		
SUBJECT:	KNIGHT LOGIS Name of Co		
DOCUMENT NU	MBER: P080	00000834	
The enclosed States	ment of Change of Registered Office	/Agent and fee are submitt	ted for filing.
Please return all co	rrespondence concerning this matter	to the following:	
	Jonathan J Name of Cor		
	Levinson & Li	chtman, LLP	
	Firm/Co	mpany	
	20283 State Roa		
	71001	Voo	
	Boca Raton	FI 33498	
	Boca Raton City/State an	d Zip Code	
	ion@levinsonli	chtman com	
_	jon@levinsonli E-mail address: (to be used for fu	iture annual report notifi	cation)
	·	·	,
For further informa	tion concerning this matter, please c	all:	
	nathan J. Lichtman	at (561)	869-3600
Nar	ne of Contact Person	at (561) Area Code & Daytin	ne Telephone Number
Enclosed is a \$35.0	0 check made payable to the Depart	ment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FL	rporations g e Center Circle

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

statement of cha	nge is submitted for a corp	oration organized	17.1508, or 617.1508, Florid under the laws of the State agent, or both, in the State (of Flor	ida	
1. The name of t	he corporation: KNIGH	T LOGISTIC	S INC.			
2. The principal	office address: 20423 St	tate Road 7, Su	uite F6-105			
Boca Rato	n, Florida 33498		***************************************			
3. The mailing a	ddress (if different):		<u> </u>			
4. Date of incorp	oration/qualification:	1/3/08	Document number:	P080	000008	34
	I street address of the curre tment of State: (If resigned		and registered office on file	with the	e	
	Vartan Sarkisian					
	1835 E. Hallandale E	Beach Blvd., St	uite 690		TAL SE	200
	Hallandale, FL 3300	9				
6. The name and (if changed):	street address of the new i	registered agent (if	changed) and /or registered	office	DAKT OF	1009 JUH 29 PI
	Vartan Sarkisian					<u></u>
	20423 State Road 7	, Suite F6-105 P.O. Box NOT acce	ntahla		ORIDA	PH I2: 33
	Boca Raton, Florida		раос			
as changed will	ess of its registered office be identical.	and the street add	ress of the business office			gent,
Such change wa authorized by the	as authorized by resolution ne board, or the corporation	n duly adopted by on has been notifie	its board of directors or by d in writing of the change.	an offi	cer so	
Signatu	re of an office or director		Vartan Sarkisian Printed or typed name s		ctor	
I hereby accept I further agree of my duties, an document is bel corporation has	the appointment as regist to comply with the provisi I am familian with and a ng filed merely to reflect a s been notifiely in writing a	ered agent and ag ons of all statutes accept the obligat a change in the re of this change.	gree to act in this capacity, relative to the proper and ion of my position as regis gistered office address, I h	complei tered ag ereby co	te perforn tent. Or, i onfirm tha	nance if this it the
1/	nature of Registered Agent		06-26	20	109	
Sig	nature of Registered Agent		Date			
If signing on be	half of an entity:					
VARTA	V SARKISIAW yped or Printed Name	· · · · · · · · · · · · · · · · · · ·				

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