

PO9000037635

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Chong  
C. COULLETTE

JUL 07 2009

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: M. KNOX & ASSOCIATES, INC.  
Name of Corporation

DOCUMENT NUMBER: P09000037635

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:

MICHELLE KNOX  
Name of Contact Person

M. KNOX & ASSOCIATES, INC  
Firm/Company

1440 CORAL RIDGE DRIVE SUITE 264  
Address

CORAL SPRINGS FL 33071  
City/State and Zip Code

MKNOXANDASSOCIATES@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE KNOX at ( 954 ) 610-7801  
Name of Contact Person Area Code & Daytime Telephone Number

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

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: M. KNOX & ASSOCIATES, INC.
2. The principal office address: 1440 CORAL RIDGE DRIVE SUITE 264  
CORAL SPRINGS, FL 33071
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/28/09 Document number: P09000037635
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KLASFELD, MARVIN CPA  
817 S. UNIVERSITY DR. STE 100  
PLANTATION, FL 33324

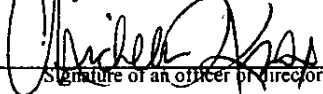
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KENT KNOX  
11115 NW 18 CT  
P.O. Box NOT acceptable  
CORAL SPRINGS, FL 33071

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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 or director

MICHELLE KNOX 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

June 29, 2009  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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