P10000053874

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer: 9/12/24				
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S. CHATTY (15:1)
SEP 12 (15:1)
07/15/24--01000--018 ++35.00



COVER LETTER

TO:	Amendment Section
	Division of Corporations
SUBJ	ECT: KNIGHT INTEGRATED SYSTEMS, INC.
Name	of Corporation
DOCL	JMENT NUMBER: P10000053874
	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Bruce E	E. Loren
Name (of Contact Person
Loren &	k Kean Law
Firm/C	ompany
7121 Fa	nirway Drive, Suite 104
Addres	S
Palm Be	each Gardens, FL 33418
City/St	ate and Zip Code
	bloren@lorenkeanlaw.com
E-mail	address: (to be used for future annual report notification)
	1
For furt	ther information concerning this matter, please call:
	with the state of
Bruce E	Name of Contact Person at (561) 615-5701 Area Code & Daytime Telephone Number
	Name of Contact Person at (361)615-3701 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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporat	?, 617.0502, 607.1508, or 617.1508, Florida Statute tion organized under the laws of the State ofFlo tor registered agent, or both, in the State of Florida	orida
1. The name of	the corporation: KNIGHT INTE	GRATED SYSTEMS, INC.	
		ustrial Drive, Riviera Beach, FL 33404	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 6/28/2010	Document number: P10 000053874	
5. The name an		gistered agent and registered office on file with the	
	Bruce E. Loren	TE S	20;
	7111 Fairway Drive	ALL	7024 SEP 12
	Palm Beach Gardens, FL 33418	HASY	
6. The name and (if changed):	d street address of the new registo	ered agent (if changed) and /or registered office	AHII: 28
	Bruce E. Loren		26
	7121 Fairway Drive, Suite 104		
		P.O. Box. NOT acceptable	
	Palm Beach Gardens, FL 33418		
Such change was authorized by th	is authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	
	e & forem	Bruce E Loren	
hereby accept further agree to fmy duties, an locument is bein corporation has	the appointment as registered a comply with the provisions of d i am familiar with and accept to reflect a chan been notified in writing of this	Photod or typed name and title igent and agree to act in this capacity. all statutes relative to the proper and complete p the obligation of my position as registered agent, ge in the registered office address, I hereby confi- change.	erformance Or if this rm that the
	le E foren	6/27/2024	
	whire of Registered Agent half of an entity:	Date	
	ice E. Loren		
	ped 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 (04/13)