

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
	y/State/Zip/Phone	
(Cit	y/State/Zip/Filon	= #}
	☐ WAIT	MAIL
	L	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<del> </del>
Certified Copies	Certificates	s of Status
остиней обраса	_ Octanoates	9 01 012123
	·	
Special Instructions to	Filing Officer:	
İ		
<u> </u>		

Office Use Only



400301856294

07/31/17--01027--021 \*\*35.00

AUG 04 2017

. . . . . .

## **COVER LETTER**

TO: Amendment Section Division of Corporations KNOWLEDGE PLUS, INC. SUBJECT: Name of Corporation P16000088163 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: STEWART SCHECHTER Name of Contact Person Firm/Company 630 DUNDEE ROAD, SUITE 120 Address NORTHBROOK, IL 60062 City/State and Zip Code SFSLAWOFF1@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STEWART SCHECHTER Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

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

rsuant to the provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this stement 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.
The name of the corporation: KNOWLEDGE PLUS, INC.
The principal office address: 30647 POWPKIN NIDGE BRIVE WESLEY CHAPEL, FLORIDA 33543
The mailing address (if different):
Date of incorporation/qualification: 11/01/2016 Document number: P16000088163
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)
REBECCA J. CLARK-BASH
1945 NOOR STREET, APT. #214
WESLEY CHAPEL, FLORIDA 33544
The name and street address of the new registered agent (if changed) and /or registered office (if changed):
REBECCA J. CLARK-BASH
30647 PUMPKIN RIDGE DRIVE
P.O. Box NOT acceptable
WESLEY CHAPEL, FLORIDA 33543
The street address of its registered office and the street address of the business office of its registered age is changed will be identical.  Such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
REBECCA J. CLARK-BASH, PRESIDENT Printed or typed name and title
hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete further agree to comply with the provisions of all statutes relative to the proper and complete ferformance of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this document is being filed merely to reflect a change in the registered office address, I sereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent  f signing on behalf of an entity:
Typed 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, FU 32314 CR2E045 (03/12)