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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Narwani's Shopping Center USA LLC

Name of Limited Liability Company

Dear Sir or Madam;

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anand Narwani

Name of Person

Narwani's Shopping Center USA LLC dba Woodcraft# 512

Firm/Company

5030 Champion Blvd Suite G11425

Address

Boca Raton, FL 33496

City/State and Zip Code

accounting@mywoodcraft.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anand Narwani

,,,561 ,

342-1828

Area Code & Daytime Telephone Numbe

Name of Person

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company; Nerwent's Shopping Con	ntor USA LLC		
2 (2	Principal office address of limited liability company	v. 821 NIM 53rd Etropt		
2. (a	(Note: MUST BE STREET ADDRESS)	Suite 240	•	
	,	Boca Raton, FL 33487		
41	N. N. 1. 11 (2011) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
(t	 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 			
	(Note: MAI BETOST OFFICE BOX)			
11/1/20	013	L03000018180	<u> </u>	
3. D	ate of filing/registration in Florida	 Document number 		
. ,	D = ' D = ' O O O O O O O O O	de la companya de la	4 C.C.44	
) . (a) Registered Agent and Registered Office shown on t 	he records of the Florida De	ept. of State) :
	Registered Agent:	Anand Narwani		
	Registered Office Address:	621 NW 53rd Street Suite 240		
		Boca Raton, FL 33487		=======================================
			1: /:: C	5 7
<i>(</i>) Enter name of NEW Degistered Agent and/or NEI	V Dogistared Office addre	SE SE	C CARROLL
(ι	b) Enter name of NEW Registered Agent and/or NEV	v Registered Office addre	32 (N. ×)	1
	NEW Registered Agent:	Anand Narwani	<u> </u>	1
	NIPINI P		SIA	
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5030 Champion Blvd Suite G11425	20 N	
	MUSI BE FLORIDA STREET ADDRESS	Boca Raton, Ft. 33496	FL &	
			,	
If the	e limited liability company is not organized under the l	aws of the State of Florida,	it is hereby	Tica
and 1	irmed that after the change or changes are made, the Fl the business office of the registered agent will be identi	ical. Or, in the case of a Flo	orida limite	d d
liabil	lity company, it is hereby confirmed that the change(s)	was/were authorized by an	affirmative	vote of
the n	nembers of the limited liability company or as otherwise the support of the limited liability company.	se provided in the articles of	f organizati	on or
ine d	retaining agreement of the filling matring company.			
([Minim	_		
Signat	ure of a member or authorized representative of a member			
Anna	Narwani			
	ed or typed name of signee	-		
I he	rehy accent the annointment as registered agent and a	gree to act in this capacity	l further a	gree to
comp	reby accept the appointment as registered agent and a ply with the provisions of all statutes relative to the pro I am familiar with and accept the obligations of my po persons. Or, if this document is being filed to me ess of hereby confirm that the limited liability company	Sper and complete performa	ince of my d	duties,
ana I Chai	i am jamiliar with and accept the obligations of my po DES508, F.S. Or, if this document is being filed to me	rely reflect a change in the	s provideu j regiștered (office
addf	ess hereby confirm that the limited liability company	y has been notified in writin	g of this chi	ange.
	Milman			
Signa	fure of Registered Agent			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00