

214000158870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300315867353

07/23/18 01007 000 **25.00

18 JUL 23 AM 8:12

JUL 28 2018
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Singh Biotechnology, 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:

Donna Whitten
Name of Person

Singh Biotechnology, LLC
Firm/Company

4708 Rue Bordeaux
Address

Lutz, FL 33558
City/State and Zip Code

donna@singhmedicalgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Whitten at (727) 222-0806
Name of Person Area Code & Daytime Telephone Number

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 605.0114 or 605.0116, 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. Name of the limited liability company: Singh Biotechnology, LLC

2. (a) _____ Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>4708 Rue Bordeaux</u> <u>Lutz, FL 33558</u>	(b) _____ Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>4708 Rue Bordeaux</u> <u>Lutz, FL 33558</u>
---	---

3. <u>10/10/2014</u> Date of filing/registration in Florida	4. <u>L14000158870</u> Document number
--	---

5. (a) O'Connor & Associates
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1250 S. Belcher Rd.
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 160
Largo, FL 33771

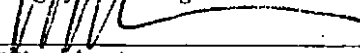
18 JUL 23 AM 8 12

(b) O'Connor Law Firm
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
2240 Belleair Rd.
NEW Registered Office Address:
Suite 115
Clearwater, FL 33764

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 _____ Signature of a member or authorized representative of a member	Sunanda Singh _____ Printed or typed name of signee
--	---

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



 Signature of Registered Agent