L18000 242956

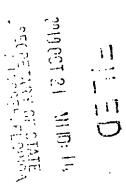
(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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.. SULKER

.. COVER LETTER

INHS18 (2/14)

TO:	Registration Section . Division of Corporations				
SUBJI	JBJECT: SANS PARTNERS LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office	: Change an	d fee(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to th	e following:		
SUNI	L MANOHARAN				
	Name of Person				
	Firm/Company				
1818	6 SW 29TH ST				
	Address				
MIRA	MAR FL 33029				
	City/State and Zip Code				
sunil.	manoharan@gmail.com				
E	E-mail address: (to be used for future annua	l report not	ification)		
For fur	rther information concerning this matter, p	lease call:	-		
SUNI	L MANOHARAN	305	439-2773		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section	R	AAILING ADDRESS: tegistration Section		
	Division of Corporations Clifton Building		Division of Corporations 2.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Callahassee, 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

) ()	18186 SW 29TH ST	_(b) 18186 SW 29TH ST
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIRAMAR, FL 33029	MIRAMAR, FL 33029
		
	10/15/2018	L18000242956
3. 5. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4. Document number
(4)	Registered Agent and Registered Office shown on the records of the 5237 SUMMERLIN COMMONS	e Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET AL SUITE 400	ODRESS)
	FORT MYERS FL	Diffice address:
(b)	SUNIL MANOHARAN	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:
	18186 SW 29TH ST	Office address:
	NEW Registered Office Address:	
	MIRAMAR , FL ³	33029
the cha agent v was/we	inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab	s of the State of Florida, it is hereby confirmed that after he registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in imited liability company. SUNIL MANOHARAN
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee
I here provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided By reflect a change in the registered office address, I he	e to act in this capacity. I further agree to comply with the verformance of my duties, and I am familiar with and accep for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been

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

notified in writing of thisychange.

Signature of Registered Agent