

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000093813 3)))



H200000938133ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_



LLC REGISTERED AGENT CHANGE REVINFOTECH, LLC

Certificate of Status	. 0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

O SIMIVIL

MAR 27 2020

Electronic Filing Menu

Corporate Filing Menu

Help

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.

Florid				_		
1. N	lame of the limited liability company: Revinfo	<u>otech</u>	LL	<u>C</u>		
2. (a)	1105, WELLDONE TECH PARK		(b) ·	20871 J	OHNSON	STREET
21 (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(") -	Ma	illing address of	limited liability company: EPOST OFFICE BOX)
	SOHNA RD, SECTOR 48		9	STE 116	; 	
	GURUGRAM, HR 12200-2 IN	<u>.</u>	F	PEMBRO	KE PINES,	FL 33029
	06/25/19		L	1900016	37093	
3.	Date of filing/registration in Florida	4.	_		Document nun	nber
5. (a	、KANDOOIT, LLC					
J. (a	Registered Agent and Registered Office shown on the record	s of the Flo	orida D	ept. of State:		
	20871 JOHNSON STREET					20
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDR	ESS)			- 20 F
(b)	STE 116					事
	PEMBROKE PINES	. _{FL} 330)29			26
	Registered Agents Inc.					2020 HAR 26 PH 1: 10
	Enter name of NEW Registered Agent and/or NEW Regist	ered Offic	e addro	<u>e\$8</u> :		当 6
	7901 4th St N					\$ 17
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	, _{FL} 337	702			
the chagent was/v	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member ticles of organization or the operating agreement of a member or authorized representative of a member	ss of the red liabiliters of the limit	egiste y con limite ed lia	red office a pany, it is led liability bility comp Park	and the busing hereby confiring company or a	ess office of the registered med that the change(s) is otherwise provided in
provi the ol to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comp bligations of my position as registered agent as pro- rely reflect a change in the registered office addres ed in writing of this change.	'agree to lete perfo vided for s, I hereb	act in orman in Ch oy con	n this capac ice of my di apter 605, firm that th	city. I further aties, and I an F.S. Or, if th ne limited liab	agree to comply with the n familiar with and accept is document is being filed wilty company has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent