## A16000000005

(Requestor's Name)						
(Address)						
(Address)						
(Ĉi	ry/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL .				
(Business Entity Name)						
(Do	ocument Number)					
Certified Copies	_ Certificates	s of Status				
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		:				

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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SURJ		(rishnan l	Holdin	as LP	,		
ос во	Name of Limited Partn						
DOC	UMENT NUMBER:	A1600000005					
	nclosed Statement of Change of l are submitted for filing.	Registered (	Office ar	nd/or R	egistered Agent and		
Please	e return all correspondence conce	erning this m	natter to	:			
	Daniel D. Whitehouse	e, Esq.		_			
	Contact Person	<b>5</b>					
	Whitehouse & Cooper	, PLLC		_			
	Firm/Company						
	1009 East Avenu	ıe					
	Address						
	Clermont, FL 347	11					
	City, State and Zip Coo			_			
	• /						
E	-mail address: (to be used for future and	nual report no	tification)				
For fu	urther information concerning this	s matter, ple	ease call	•			
	Daniel D. Whitehouse	at (	321	)	285-2300		
	Name of Contact Person			and Day	time Telephone Number		
Enclo	sed is a \$35.00 check made paya	ble to the F	lorida D	epartm	ent of State.		
STRE	EET ADDRESS:		MAI	LING	ADDRESS:		
Regis	tration Section		Registration Section				
	ion of Corporations				Corporations		
	n Building			Box 63			
	Executive Center Circle		Tallal	nassee,	FL 32314		
Tallak	1988ee FL 32301		•				

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	Krishnan Hold							
Name of Limited Partnership or Limited Liability Limited Partnership								
2. 1	1/04/2016	3.	A1600000005					
Date of filing.	F	A1600000005 Florida document number						
4. The name of the rep Department of State:	gistered agent and the registered office	e address as s	hown on the	records of the Florida				
	The Law Office of V	ik Parti PA	4					
	Name							
	7380 Sand Lake Roa	d, Suite 5	00	E.				
	Address		•					
Orlando, FL 32819								
	City, State and	Zip		26 SSE SSE				
5. The name and Flori	ida street address of the new registered	d agent and/o	r office:	6 MAY 26 PM 4: 16 LURE LAKY UF STAIL LAHASSEE, FLORIDA				
	KF Management Se	rvices LLC	<u> </u>	ORA:				
	Name			DA 60				
	141 Waterman A	venue						
	Florida street address (P.O. Bo	ox not accept	able)					
	Mount Dora	FL	32757					
	City, State and							
6. Such change(s) is/a	are effective when filed by the Florida	Department	of State.					
K. Vijayanay	havin							
Signature of General F								
comply with the provis	ppointment as registered agent and agi sions of all statutes relative to the pro n an accept the obligations of my posit	per and comp	olete perform					
Signature of Registere	ed Agent							
Filing Fee: Certified Copy (o	\$35.00 optional): \$52.50							