F20000002353

(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

400381081284

02/09/22--01019--004 **35.00

FILED
2022 FEB -9 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FL

RA|RD|ch8

FEB 18 2022
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BALAJI ENTERPRISES INC
Name of Corporation

DOCUMENT NUMBER: F20000002353

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KOMYAGINA, OLESYA
Name of Contact Person

Firm/Company

24 LIBERTY DR
Address

LANGHORNE, PA 19047
City/State and Zip Code

O.komyagina@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KOMYAGINA OLESYA at ( )
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/11)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BALAJI ENTERPRISES INC
2. The principal office address: 2031 SAXSON BLVD STE 101 DELTONA, FL - 32725
3. The mailing address (if different): 24 LIBERTY DR, LANGHORNE, PA - 19047
4. Date of incorporation/qualification: 5/15/20 Document number: E20000002353
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SHUKLA SANDHYA
5256 SW 39TH ST
OCALA, FL - 33474

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SHAH ARPEET
750 POST LAKE PL, APT - 310
P.O. Box NOT acceptable
APOPKA, FL - 32703

FILED
2022 FEB -9 PM 12: 16
SECRETARY OF STATE
TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

SHAH ARPEET
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

01/27/22
Date

If signing on behalf of an entity:

Arpeet Shah
Typed or Printed Name

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)