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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: FLORIDA LAND AND PROPERT (Name of Limited	TIES, LLC d 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 m	natter to the following:	
KANAIYALAL J HATHI (Name of Person)		
FLORIDA LAND AND PROPERTIES, LLC		
(Firm/Company)	~	
390 PONDELLA ROAD, SUITE 2	07C SECH ALLA	
(Address)	HAS CO	
NORTH FORT MYERS, FL 33903	SEE P	
(City/State and Zip Code)	L'ORID	
For further information concerning this matter, ple	ase call:	
KANAIYALAL J HATHI at (6	630 841 0575	
(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 amo	ount:	
\$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 608.416 or 608.508, 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. The name of the limited	l liability company is: FLORID L	AND AND PROPERTIES	, LLC	
2. The mailing address of	the limited liability company is	2002 BAYSIDE PARI	(WAY	
FORT MYERS, FL 3390	1			
01/22/2003		L03000002627		
3. Date of filing/registration	on in Florida	4. Document number		
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:				
<u>.</u>	KANAIYALAL J HATHI			
;	Name 2002 BAYSIDE PARKWAY			
<del>-</del>	Address			
FORT MYERS, FL 33901				
	City, State and	Zip	ECY LA	
6. The name and address of	f the new registered agent and/or	r office:	HAS.	
<u> </u>	KANAIYALAL J HATHI		SEE	
	Name 390 PONDELLA ROAD, SUITE	2	PH F	
	Florida street address (P.O. Box	NOT acceptable)	RIDA	
NORTH FORT MYERS FI. 33903				
_	City, State and Zi	ip	<del></del>	
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)				
KANAIYALAL J HATHI				
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	tment as registered agent and a of all statules relative to the pro accept the obligations of my pos is document is being filed to men hat the limited liability company	gree to act in this cap oper and complete per sition as registered as rely reflect a change i has been notified in	acity. I further agree to formance of my duties, gent as provided for in n the registered office writing of this change.	

(Signature of Registered Agent)

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