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COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	BABASAH, LLC				
		ne of Limited Lia	bility Company		
Dear S	Sir or Madam;				
The er	closed Registered Agent/Registered Off	ice Change and fi	ee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the fo	ollowing:		
USH	A CHANDRAHASA				
	Name of Person				
BABA	ASAH, LLC				
	Firm/Company	-	_		
3400	TAMIAMI TRAIL, SUITE 201				
	Address				
POR	T CHARLOTTE, FL 33952				
	City/State and Zip Code		_		
mahe	endrasah@yahoo.com				
I	-mail address: (to be used for future and	nual report notific	ation)		
For fu	rther information concerning this matter	please call:			
USHA	A CHANDRAHASA	941 at (743-2277		
	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	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314		
	Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	\$55	Filing Fee & Certified Copy		

INHS18 (2/14)

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.

1. Na	ame of the limited liability company: BABASAH, L	.LC		
2. (a)	3400 TAMIAMI TRAIL	(b) 13	(h) 1328 ALPINIA ROAD	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(6)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 201	NO	RTH PORT, FL 34288	
	PORT CHARLOTTE, FL 33952			
	03/19/2004	L040	000021398	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	USHA CHANDRAHASA			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:	
	1328 ALPINIA ROAD			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	JAL 13. SE	
			7 9	
	NORTH PORT FI	34288	7 OCT 13	
	, r.		171 T. 1	
(b)	BALA MAHENDRASAH			
,-,	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	AH 7: #5	
			RID.	
	NEW Registered Office Address:			
	<u></u>			
		· · · · · · · · · · · · · · · · · · ·		
	, FL			
the cha	imited liability company is not organized under the la- inge or changes are made, the Florida street address of	f the registered	l office and the business office of the registered	
agent v	vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of	iability compar	iv, it is hereby confirmed that the change(s)	
the arti	cles of organization or the operating agreement of the	e limited liabili	ty company.	
	Molulland	USHA C	CHANDRAHASA	
	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change.	ree to act in the performance of for in Chapt hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been	
	Acceleration			
Signatu	re of Registered Agent			