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(Requestor's Name) ALLASIA	12:	15
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(Requestor's Name)	# LLV	
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(Business Entity Name)	-	
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(Document Number)	-	
Certified Copies Certificates of Status	-	
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Special Instructions to Filing Officer:		
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Office Use Only



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U4/19/05--01024--U13 **25.00



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisio liability company submits agent, or both, in the Stat	ns of sections 608,416 of the following statement e of Florida.	or 608.508, Florida in order to change	Statuțes, the its register	ie undersigned limite ed office or registere
1. The name of the limite	ed liability company is: _	KAHA 1	LLC	· · · · · · · · · · · · · · · · · · ·
2. The mailing address of		pany is :		
13336 80	o 44th Street	MIRAMAR,	F-L	33027
April 8,20	70 5	اصا	500003	13651
3. Date of filing/registrat	ion in Florida	4. Docur	nent numbe	r
5. The name of the register Florida Department of	State: Vicky	ādnauth	shown on t	he records of the
	_ 6588 Lake	Vame Rynbyoke P ddress	lace	
	Orlando, s	datess 2022 tate and Zip		,
6. The name and address	of the new registered age	nt and/or office:		7005
	MUNESHWAR	SUKHLALL	i.	
		Tyrn Stret		
	Florida street address (P.O. Box NOT acce	ptable) 🚆	
•		FL 33031 te and Zip	王	-
Toolee limited limities		-		
If the limited liability con confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of the limite th	the registered agent will the registered agent will the confirmed that the cladility company or as if the limited liability com	le, the Florida street be identical. Or, in the tange(s) was/were as	address of the case of a	he registered office Florida limited
MUNESHWAR (Printed or typed name of signee)	SUKHLALL			
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered agents of all statutes relative to a accept the obligations flet is document is being file that the limited liability of the liability of	nt and agree to act in the proper and con f my position as reg d to merely reflect a company has been n	n this capac nplete perfor istered agen i change in t ottfied in wr	ity. I further agree to rmance of my dutles, at as provided for in the registered office iting of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314