

LOS 000037202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Spoke to Cherie Hanley who  
gave permission to correct  
Sa of form to match our records.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN 18 AM 11:25

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JAN 19 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHREE SAI, LLC

\_\_\_\_\_  
Name of Limited 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 matter to the following:

Cherie A. Hanley, Paralegal

\_\_\_\_\_  
Name of Person

ENGLANDER FISCHER

\_\_\_\_\_  
Firm/Company

721 First Avenue North

\_\_\_\_\_  
Address

St. Petersburg, FL 33701

\_\_\_\_\_  
City/State and Zip Code

chanley@eflegal.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cherie A. Hanley at (727) 898-7210 ext. 242

\_\_\_\_\_  
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 amount:**

☒ \$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 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. Name of the limited liability company: SHREE SAI, LLC
2. (a) 6815 GALL BLVD.  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
ZEPHYRHILLS, FL 33542
- (b) PO BOX 136451  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
CLERMONT, FL 34713
3. 04-15-2005  
Date of filing/registration in Florida
4. L05000037202  
Document number

5. (a) KANANI, RAJIV  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Englander Fischer  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
721 1st Ave N  
St. Petersburg, FL 33701

- (b) ENGLANDER FISCHER

Enter name of NEW Registered Agent and/or NEW Registered Office address:

721 FIRST AVENUE NORTH

NEW Registered Office Address:

ST. PETERSBURG, FL 33701

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

RAJIV KANANI, MANAGING MEMBER

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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

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