## L05000068829

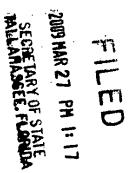
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
. PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



400145877334

03/27/09--01019--005 \*\*25.00



C. LEWIS

MAR 3 0 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: ANAND PATEL NO. 1, LL (Name of	_C Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Tami D. Passley (Name of Person)		
.  Lowndes, Drosdick, Doster, Kantor & Reed, P.A.  (Firm/Company)		
215 N. Eola Drive		
(Address)		
Orlando, Florida 32801		
(City/State and Zip Code)		
For further information concerning this matter	, please call:	
Tami D. Passley	at (_407) 418-6785_	
(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 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. Name of the limited liability company: ANAND PA	TEL NO. 1, LLC
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 1503 BELVEDERE ROAD WEST PALM BEACH FL 33406
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1503 BELVEDERE ROAD WEST PALM BEACH FL 33406
07/13/2005  3. Date of filing/registration in Florida	<u>L05000068829</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CHARLES S. DALE
. Registered Office Address:	414 NE 4 STREET FORT LAUDERDALE FL 33301
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	JACQUELINE BOZZUTO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	215 NORTH EOLA DRIVE  3280 \ ORLANDO ,FL \$801
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.    A   C   C     (Signature of a member or authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is
ANAND PATEL (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my position. F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notificed.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, change in the registered office address, I hereby ed in writing of this change.
(Signature of Registered Agent)  Division of Corporations, P.O. Bo FILING FE	x 6327, Tallahassee, FL 32314
INHS18 (05/08)	YOF R