## "L05000089857

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
· (Bu	siness Entity Nam	e)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



500172970575

. . .03/25/10--01041--016 \*\*75.00

10 MAR 25 PM 1: 13
SECRETARY OF STATE

J. BRYAN

MAR 9 6 2009

**EXAMINER** 

## **COVER LETTER**

Registration Section

Division of Corporation	าร				
SUBJECT:	NARAYAN	ENTE	RPRIS	SE, LLC	
<del>"</del>	Name of Limite	d Liabil	ity Com	pany	
Dear Sir or Madam:					
The enclosed Registered Agen	t/Registered Office	Change	and fee	(s) are submitted fo	r filing.
Please return all correspondence	ce concerning this r	natter to	the follo	owing:	
BRIAN K.	DUFFEY				
Name of P			_		_
					35 <b>5</b>
THE DUCEEN	/ L A\A/ EIDAA				AS H
THE DUFFEY			_		RA HA
1 65	,				10 MAR 25 PM 1: 13 SECRETARY OF STATE ALLAHASSEE. FLORIF
					F 3
350 Camino Garde	ns Blvd., Ste 303		_		Es -
Address					另三 一
					DE S
Boca Raton	. FL 33432				•
City/State and			_		
louise@theduff	evlawfirm.com				
louise@theduff E-mail address: (to be used for fut	are annual report notificat	ion)	_		
F - 6 - 41 - 1 - 6 41			_		
For further information concer	ning this matter, pi	ease can	:		
Brian K. Duffey	<u>'</u> at (	561	_)	862-4176	
Name of Person	,		Area Code	& Daytime Telephone N	umber
STREET/COURIED AT	NDDECC.	B/F A	HINC	ADDDECC.	
STREET/COURIER A Registration Section					
Division of Corporations				Corporations	
Clifton Building			. Box 63	-	
2661 Executive Center C		Tal	lahassee,	Florida 32314	
Tallahassee, Florida 3230	)1				
Enclosed is a check for the following amount:					
\$25 Filing Fee		<b>\$5</b>	5 Filing	Fee & Certified Co	ору

## 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:	Narayan Enterprise, LLC	
2. (a) Principal office address of limited liability company: 5511 N. University Drive, Ste 101		
(Note: MUST BE STREET ADDRESS)	Coral Springs, FL 33067	
(b) Mailing address of limited liability company:	5511 N. University Drive, Ste 101-B	
(Note: MAY BE POST OFFICE BOX)	Coral Springs, FL 33067	
9/12/2005	L05000089851	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Brian K. Duffey, Esq.	
Registered Office Address:	1801 N. Military Trail, Ste 200 Boca Raton, FL 33431	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	350 Camino Gardens Blvd., Ste 303	
	Boca Raton ,FL33432	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office	
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.	

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