L05000102241

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	÷#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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2009 MAR 27 PH 1: 08
SECRETARY OF STATE

C. LEWIS

MAR 3 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ANAND PATEL NO. 3, LLC			
(Name of Limi	ted Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Tami D. Passley (Name of Person)			
. (Name of Ferson)			
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 (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, Na	me of the limited liability company: ANAND PA	TEL NO. 3, LLC	
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	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	
<u>10/18/</u>		L05000102241	
3. Da	te 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:	CHARLES S. DALE	
	Registered Office Address:	414 NE 4 STREET	
•		FORT LAUDERDALE FL 33301	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: JACQUELINE BOZZUTO	
	NEW Registered Office Address:	215 NORTH EOLA DRIVE	
	(MUST BE FLORIDA STREET ADDRESS)	ORLANDO ,FL 83801-3280	
that af office hereby liability limites	limited liability company is not organized under the fter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the cy confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company.	laws of the State of Florida, it is hereby confirmed at address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the	
	D PATEL	_	
I here compl am fai F.S. (confir	d or typed name of signee) Proby accept the appointment as registered agent and all y with the provisions of all statutes relative to the provisions of all statutes relative to the provision with and accept the obligations of my position or, if this document is being filed to merely reflect a method the limited liability company has been notified to the limited liability company has been notified to the limited liability company has been notified the limited liability company has limited liability company has likely and liability com	6327, Tallahassee, FL 32314	
FILING FEE: \$25.00			

INHS18 (05/08)