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



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2010 SEP IL AM W: OL SEGRETARY OF STATE

T. CLINE

SEP 15 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ		DS De						
	Name of	f Limite	d Liabil	ity Con	npany			
Dear	Sir or Madam:							
The e	nclosed Registered Agent/Registered	Office	Change	and fee	e(s) are submitted fo	r filing.		
Please	e return all correspondence concernin	g this m	natter to	the fol	lowing:			
	Naipaul P. Harilal							
	. tuno or r enson							
	NDS Development LLC	.				2010 SEP II, AM #: OH SEGRETARY OF STATE TALLAHASSEE, FLORID		
	Firm/Company	1		_		AFR SEF		
				•		ASS -		
	E400 Mustana May					E O		
	5409 Mustang Way Address			_		70		
						TATE ORID		
	Odanda El 22040		•	•		D		
	Orlando, Fl. 32810 City/State and Zip Code		· · · · · · · · · · · · · · · · · · ·					
	nds_development@vahoo	com						
E	nds development@yahoomail address: (to be used for future annual repor	t notificati	on)					
For fi	urther information concerning this ma	itter, ple	ase call	:				
	Naipaul P Harilal	at (_			239-2156			
	Name of Person			Area Cod	le & Daytime Telephone N	lumber		
	STREET/COURIER ADDRESS:		MAILING ADDRESS:					
	Registration Section Registration Section							
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327							
	Clifton Building 2661 Executive Center Circle				, Florida 32314			
	Tallahassee, Florida 32301				,			
	Enclosed is a check for the follow	ing am	ount:	٠	•• .			
	\$25 Filing Fee		\$5	5 Filing	g Fee & Certified C	ору		
INHST	8 (5/08)	•						

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:	NDS Development LLC				
2. (a) Principal office address of	Principal office address of limited liability company		y: 1025 N Pine Hills Rd Orlando			
(<u>Note: MUST BE STR</u>	EET ADDRESS	1025 N Pine Hills Ro	I. Orlando, Fl. 32808			
(b) Mailing address of limite	ed liability company:					
(Note: MAY BE POST	OFFICE BOX	1025 N Pine Hills Ro	I. Orlando, Fl 32808			
1/27/2006	······································	L060000)10198			
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.						
Registered Agent:		THE FLORIDA INCO	DRRORATING COM			
Registered Office Addre	ss:	1203 GOVERNORS STE 101 TALLAHASSEE FL 3	SOURREGUVD:			
(b) Enter name of NEW Reg	gistered Agent and/or NF	EW Registered Office ad				
NEW Registered Agent:		Naipaul P Harilal	TATE Q			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		5409 Mustang Way	D-			
		orlando	"FL <u>32810</u>			
If the limited liability company confirmed that after the change and the business office of the re liability company, it is hereby confirmed the members of the limited liability company agreement of the confirmed agreement of the limited liability agreement liability agr	or changes are made, the gistered agent will be iden on firmed that the change ability company or as other limited liability compared.	Florida street address of t	he registered office			
Naipaul P.	Harilal					
Printed or typed name of signee	Tiamai					
I hereby accept the appointment comply with the provisions of all and I am familiar with and acceptance to the confirmation of	t as registered agent and I statules relative to the p pt the obligations of my p current is being filed to m delimited hability compa-	agree to act in this capac roper and complete perfo osition as registered age verely reflect a change in ny has been notified in wi	city. I further agree to rmance of my duties, at as provided for in the registered office riting of this change.			

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

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