## 106000/4238

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Downtown Orlan	elo Heart LLC	
Name of Lir	mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
NandKishore Ranadive Name of Person	······································	
Firm/Company	<del></del>	,
9213 Bentley Park Cir	<u>de</u>	
Orlando, FL 32819 City/State and Zip Code		ſ
Kishareranadive egmail E-mail address: (to be used for future annual repo	1 : COM ort notification)	
For further information concerning this matter, please of	call:	1
at ( at (	) Area Code & Daytime Teleph	on <mark>e</mark> 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 amoun	t:	
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	1
INHS18 (2/14)		

## 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:	on town Orl	ando Heart LLC
2. (a)	(b)	
Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
9213 Bentley Park	ircle 9	213 Bentley Park Circle
Orlando, FL 32819		Oclando, Ph 32819
02/09/2006		06000014238
3. Date of filing/registration in Florida	4.	Document number
5. (a) Registered Agent and Registered Office shown on the re-	ya	
		State:
<u>450 W. Central Park</u>		
Registered Office Address (MUST BE FLORIDA ST	<u>REET ADDRESS)</u>	
Suite 2000		<u> </u>
Altamonte Springs	FL <u>32714</u>	
, -		
(b) Ranadive Managa Enter name of NEW Registered Agent and/or NEW Re	NY a	6-3 P
rates traine of NEW Registered Agent and/or NEW Re	stered Office address.	
9213 Bentley Park	Circle	#: 30
NEW Registered Office Address:		
		1
		<del></del>
Orlando	FL 3281°	<u>}</u>
If the limited liability company is not organized under the change or changes are made, the Florida street add agent will be identical. Or in the case of a Florida lin was/were authorized by an affirmative vote of the mer the articles of organization of the operating agreement	ress of the registered o ited liability company, ibers of the limited liab of the limited liability	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signature of a member or authorized representative of a member		Andkishore Ranadina Printed or typed name of signee
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co the obligations of my position as registered agent as to merely reflect a change in the registered office add notified in verifice of this change.  Signature of Registered Agent	nd agree to act in this	capacity. I further agree to comply with the