L07000060515

(Requestor's Name)						
(Address)						
(A	ddress)					
(C	ity/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL .				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	Status				
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• V,

TO:	Amendment Section Division of Corporations	
SUBJE	ECT: Name of Corporation	_
DOCU	MENT NUMBER: L 07 00 00 60515	
•	closed Statement of Change of Registered Office/Agent and fee are submitted for	– · filing
	return all correspondence concerning this matter to the following:	ming.
i icase	return an correspondence concerning this matter to the following.	
	RAHUL KAKKAR	
	Name of Contact Person	_
	Firm/Company	_
	INDA PUSHDEN MAY	
	Address	- pg - t
	Apex, NC 27502	- E
	City/State and Zip Code	ALLAHASSESSES
	RICAKICAR 7 @ YAHOO. LOTY	10 TO
	E-mail address: (to be used for future annual report notification	
	(174.)
For fur	ther information concerning this matter, please call:	
	Name of Contact Person at (904) 687-35 Area Code & Daytime Tele	enhone Number
		· F · · · · · · · · · · · · · · · · · · ·
Enclose	ed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Street Address: Amendment Section	
	Division of Corporations Division of Corporati	ions
	P.O. Box 6327 Clifton Building	G: 1
	Tallahassee, FL 32314 2661 Executive Center Tallahassee, FL 3230	

TO:



December 4, 2014

RAHUL KAKKAR 1006 RUSMDEN WAY APEX, NC 27502

SUBJECT: NIDRA LLC

Ref. Number: L07000060515

We have received your document for NIDRA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. You must complete the registered agent change for a limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 514A00025513

Diane Cushing Senior Section Administrator

www.sunbiz.org

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.

i. Na	ume of the limited liability company:	DRA	LLC		
2. (a)	3030 N ROOM PT. DRIVE	(b)		Same	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limited (Note: MAY BE POST	
	STE 105A				
	TAMPA. FL 83607				
	61812007		LO	700 00605	75-
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	RAHUL KAILICAR				
J. (u)	Registered Agent and Registered Office shown on the records of	he Florida	Dept. of Stat	e;	
	297 S. HAMPTON CLUB WAY				
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		_	
					A 69 7
	ST. AUGUSTINE ,FL	320	292_	_	DEC 2
(b)	REGISTERED AGENTS INC.			_	- 135 Jan 1
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		, •
	3030 ROCKY PT. DRIV	ድ			.00 .42
	NEW Registered Office Address:			-	
	Suite 10 Suite 150	A-	. <u>-</u>	_	
	TAMPA., FL	33	607	_	
the char agent w was/we	mited liability company is not organized under the lavinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of organization or the operating agreement of the	vs of the the regis ability co of the limi	State of Fl tered offic mpany, it i ited liability ability cor	e and the business off is hereby confirmed the ty company or as other many.	fice of the registered that the change(s) erwise provided in
Signat	are of a member or authorized representative of a member		(9	Printed or typed name o	f signee
I hereb provision the oblition to mere notified	by accept the appointment as registered agent and agroup of all statutes relative to the proper and complete gations of my position as registered agent as provide lift reflect a change in the registered office address, I if my writing of this change.	ee to act performa d for in C hereby co	in this cap ince of my hapter 60. nfirm that	pacity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability c	to comply with the liar with and accep ument is being filed ompany has heen

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