

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
|                                         |
| (Business Entity Name)                  |
| (Dusiness Entity Name)                  |
|                                         |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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**EXAMINER** 



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SECRETARY OF STATE

## **COVER LETTER**

|                                                              | TO: Registration Section Division of Corporations                                                                                                                      |                                                                                                                    |                  |                                                                                                                 |                         |  |  |  |  |  |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------|--|--|--|--|--|--|
|                                                              | SUBJECT: _                                                                                                                                                             | SUBJECT: MDSS INVESTMENTS, LLC (Name of Limited Liability Company)                                                 |                  |                                                                                                                 |                         |  |  |  |  |  |  |
|                                                              | Dear Sir or Ma                                                                                                                                                         | adam:                                                                                                              |                  |                                                                                                                 |                         |  |  |  |  |  |  |
|                                                              | The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following: |                                                                                                                    |                  |                                                                                                                 |                         |  |  |  |  |  |  |
|                                                              |                                                                                                                                                                        |                                                                                                                    |                  |                                                                                                                 |                         |  |  |  |  |  |  |
| PATEL                                                        | 1 SHAL                                                                                                                                                                 | LESH KUN<br>(Name of Pers                                                                                          | AR<br>son)       | ·                                                                                                               |                         |  |  |  |  |  |  |
|                                                              | MDSS                                                                                                                                                                   | THVESTME<br>(Firm/Compar                                                                                           | ~1 T3            |                                                                                                                 |                         |  |  |  |  |  |  |
|                                                              |                                                                                                                                                                        |                                                                                                                    |                  |                                                                                                                 |                         |  |  |  |  |  |  |
|                                                              | JUPI                                                                                                                                                                   | (City/State and Zi                                                                                                 | 33458<br>p Code) | <del></del>                                                                                                     |                         |  |  |  |  |  |  |
| For further information concerning this matter, please call: |                                                                                                                                                                        |                                                                                                                    |                  |                                                                                                                 |                         |  |  |  |  |  |  |
|                                                              | PATEL, S                                                                                                                                                               | (Name of Person)                                                                                                   | mpe at (_        | (Area Code & Day                                                                                                | ytime Telephone Number) |  |  |  |  |  |  |
|                                                              | Registra<br>Division<br>Clifton<br>2661 Ex                                                                                                                             | ct/COURIER ADD<br>ation Section<br>n of Corporations<br>Building<br>secutive Center Circles<br>ssee, Florida 32301 | •                | MAILING ADDRESS<br>Registration Section<br>Division of Corporation<br>P.O. Box 6327<br>Tallahassee, Florida 323 | ns                      |  |  |  |  |  |  |
|                                                              | Enclosed is a check for the following amount:                                                                                                                          |                                                                                                                    |                  |                                                                                                                 |                         |  |  |  |  |  |  |
|                                                              | <b>□</b> \$25                                                                                                                                                          | Filing Fee                                                                                                         |                  | ☐ \$55 Filing Fee & Ce                                                                                          | rtified Copy            |  |  |  |  |  |  |

INHS18 (8/05)

## 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. The name of the limit                                                         | ed liability company is:            | MDSS                            | INVESTM               | EM TS           | رر         |               |  |  |  |
|----------------------------------------------------------------------------------|-------------------------------------|---------------------------------|-----------------------|-----------------|------------|---------------|--|--|--|
| 2. The mailing address of the limited liability company is: 227 JUP I TER STREET |                                     |                                 |                       |                 |            |               |  |  |  |
|                                                                                  | FL 33458                            |                                 |                       |                 |            | •             |  |  |  |
| 06/28/2                                                                          | ov 7                                |                                 | L070000               | 68225           | <u>-</u>   |               |  |  |  |
| 3. Date of filing/registra                                                       | tion in Florida                     | 2                               | l. Document numb      | er              |            |               |  |  |  |
| 5. The name of the regist Florida Department of                                  | ered agent and the regist<br>State: | tered office a                  | ddress as shown on    | the records     | of the     |               |  |  |  |
| •                                                                                | State:                              | SERVIC                          | E COMPANS             | 1               |            |               |  |  |  |
|                                                                                  | 1201 HAYS                           | Name<br>STREE                   | 1                     |                 |            | C)            |  |  |  |
|                                                                                  | TA LLAH ASSE                        | Address  Le , Le  State and Zip | 32301                 |                 | 08 APR     | SECRE         |  |  |  |
| 6. The name and address                                                          | of the new registered ag            | ent and/or of                   | fice:                 |                 | 8          | TARY<br>OF CI |  |  |  |
|                                                                                  | PATEL,S                             | HAT LES                         | HILUMAR               |                 | PH         | 355           |  |  |  |
|                                                                                  | 227 JUGI                            |                                 |                       |                 | l: 36      | STATE         |  |  |  |
|                                                                                  | Florida street address              | (P.O. Box N                     | OT acceptable)        |                 | <b>5</b> 1 | 9m            |  |  |  |
|                                                                                  | JUPITER,                            | FL 33                           | 458                   |                 |            |               |  |  |  |
|                                                                                  | City, St                            | ate and Zip                     |                       |                 |            |               |  |  |  |
| If the limited liability cor                                                     | npany is not organized u            | inder the law                   | s of the State of Flo | orida, it is he | reby       |               |  |  |  |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

| SMPIL                                                            |  |  |  |  |  |  |
|------------------------------------------------------------------|--|--|--|--|--|--|
| (Signature of a member or authorized representative of a member) |  |  |  |  |  |  |
| PATEL, SHAILESHKUMAR                                             |  |  |  |  |  |  |
| (Printed or typed name of signee)                                |  |  |  |  |  |  |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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