## L07000/05670

	(Requestor's Name)
	(Address)
· <u>.</u>	(Address)
	(City/State/Zip/Phone #)
PICK-I	UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

JUN 09 2008

**EXAMINER** 

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BECRETARY OF STATE

FILED

## COVER LETTER

Division of Corporations		
SUBJECT: UNEI HOLDINGS, LLC		
(Name of Lim	nited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	notter to the following:	
rease return an correspondence concerning this in	latter to the following.	
TERRI LOWE		
(Name of Person)	SECRETARY OF STATE ALLAHASSEE. FLORIDI	
	ARE J	
PARSONS ACCOUNTING (Firm/Company)	——— (SS)	
(Time company)	HASSEE.FI	
328 W OAK STREET	F. ST.	
(Address)		
	•	
KISSIMMEE, FL 34741	<del></del>	
(City/State and Zip Code)		
For further information concerning this matter, ple	ase call:	
TERRI LOWE at (	407 ) 846-2934	
(Name of Person)	(Area Code & Daytime Telephone Number)	
(Number of Ferson)	(Med Code & Baytime Pelephone Namber)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amo	ount:	
☑ \$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	ame of the limited liability company: UNEI HOLD	INGS, LLC			
2. (a)	Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	pany: 3105 SCRUB BRUSH COURT KISSIMMEE, FL 34743			<b>#</b>
(b <sub>.</sub>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3105 SCRUB BRUSH CC KISSIMMEE, FL 34743	OURT		<b>□</b>
10/17		L07000105670			
3. Da	ate of filing/registration in Florida	4. Document number			
5. (a	Registered Agent and Registered Office shown on the	the records of the Florida	Dept. of	State:	
	Registered Agent:	KAWALL SINGH	<b>-</b>		
	Registered Office Address:	3105 SCRUB BRUSH COU KISSIMMEE, FL 34743	SECRE		Đ
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Decided in the land</u>		ARY.OF	7	
	NEW Registered Agent:	TERRI LOWE		+:	+
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	328 W OAK STREET	DA A	2	
	_	KISSIMMEE	,FL	. 34741	
that a office hereb liabil limite	limited liability company is not organized under the lifter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized but y company or as otherwise provided in the articles of the change (s).	t address of the registered ase of a Florida limited lia	office and the office and office	nd the busine mpany, it is	ess
(Signat	ure of a member or authorized representative of a member)	_			
	HA RAMDAS ed or typed name of signee)				
I her comp am fa F.S. confi	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pro miliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a c rm that the limited liability company has been notified	gree to act in this capacit oper and complete perfori as registered agent as pro change in the registered o I in writing of this change	y. I furth nance of ovided fo ffice add	her agree to my duties, a er in Chapter lress, I hereb	nd I : 608, y
(Signa	ture of Registered Agent)				

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