L080000040265

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TILED

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ANIKI, LLC (Name of Lin	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 n	natter to the following:		
RAJENDRA BANSAL			
(Name of Person)			
ANIKI, LLC (Firm/Company)		2008 DI SECH	meda
875 Military Trail Suite 200		2008 DEC 18 PH SECHETARY OF TALLAHASSEE.	
(Address) Jupiter, FL 33458		PH 4: 17 OF STATE E. FLORID	C
(City/State and Zip Code)	 		
For further information concerning this matter, ple	ease call:		
RAJENDRA BANSAL at (561) 746-2411		
(Name of Person)	(Area Code & Daytime Telephone Number	er)	
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 am	ount:		
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (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. Na	me of the limited liability company: ANIKI, LLC		
2. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 875 Military Trail Suite 200 Jupiter, FL 33458	0 0
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	875 Military Trail Suite 200 Jupiter, FL 33458	6
04/22/	08	L08000040265	
3. Da	te of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:	
	Registered Agent:	CORPORATION SERVICE COMPANY &	m
	Registered Office Address:	1201 HAYS STREET TALLAHASSEE, FL 32301	0
(D)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	RAJENDRA BANSAL	₽
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	875 Military Trail Suite 200	
that af office	limited liability company is not organized under the ter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the	eet address of the registered office and the busing case of a Florida limited liability company, it is	ess
liabilií	y confirmed that the change(s) was/were authorized ty company or as otherwise provided in the articles d liability company.	of organization or the operating agreement of th	nited e
(Signatu	re of a member or authorized representative of a member)		
RAJEN (Printed	NDRA BANSAL I or typed name of signee)		
I here compl am fai F.S. (confir	by accept the appointment as registered agent and y with the provisions of all statutes relative to the p miliar with and accept the obligations of my positio or, if this document is being filed to merely reflect a m that the limited liability company has been notific	agree to act in this capacity. I further agree to roper and complete performance of my duties, an as registered agent as proyided for in Chapter is change in the registered office address, I herebyed in writing of this change.	nd I · 608, y

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

(Signature of Registered Agent)