

108000054483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

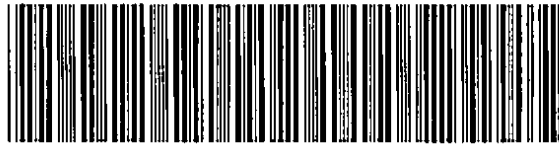
(Business Entity Name)

(Document Number)

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17 DEC 22 PM 2:16
TALLAHASSEE, FLORIDA

J. LEGGETT
DEC 22 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2017

SATHYAVATHI PRAKASH
10106 TOLMAN DRIVE
HUDSON, FL 34667 US

SUBJECT: FIDUSYS LLC
Ref. Number: L08000054483

We have received your document for FIDUSYS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of 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) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 017A00023277

2017 DEC 22 AM 11:25

TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIDUSYS LLC
Name of Limited 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 matter to the following:

SATHYAVATHI PRAKASH
Name of Person

FIDUSYS LLC
Firm/Company

10106, TOLMAN DRIVE
Address

HUDSON, FL - 34667
City/State and Zip Code

SATHYAP@FIDUSYS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SATHYAVATHI PRAKASH at (727) 482-1931
Name of Person Area Code & Daytime Telephone 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 amount:

☒ \$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 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: FIDUSYS LLC
2. (a) 203 HANCOCK COURT (b) 203 HANCOCK COURT
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- SAFETY HARBOR SAFETY HARBOR
FL 34695 FL 34695
3. JUNE 3, 2008 4. LO8000054483
Date of filing/registration in Florida Document number
5. (a) SATHYAVATHI PRAKASH
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
203 HANCOCK COURT
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SAFETY HARBOR
FL 34695
- (b) SATHYAVATHI PRAKASH
Enter name of NEW Registered Agent and/or NEW Registered Office address:
10106 TOLMAN DRIVE
NEW Registered Office Address:
HUDSON FL 34667

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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.

TR Lakshminarayanan
Signature of a member or authorized representative of a member

SATHYAVATHI PRAKASH
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 605, 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.

TR Lakshminarayanan
Signature of Registered Agent