

109000 120565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

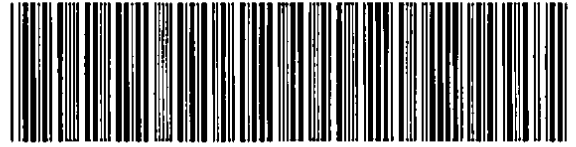
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2020 MAR 23 AM 9:39  
MAR 23 2020

R.A/chg/cc

APR 07 2020

ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BUSINESS INTELLI\_SENSE 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:

Dhiva Sokkathavar

\_\_\_\_\_  
Name of Person

BUSINESS INTELLI\_SENSE LLC

\_\_\_\_\_  
Firm/Company

12759 Standbridge Drive

\_\_\_\_\_  
Address

Riverview, FL 33579

\_\_\_\_\_  
City/State and Zip Code

shanthidhiva2@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Santhlakshmi chidambaram

813

3616957

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: BUSINESS INTELLI SENSE LLC

2. (a) 12759 Standbridge Drive, Riverview, FL 33579  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) 2317 Herrons nest place NW, Concord, NC 28027  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

3. 12/19/2009 Date of filing/registration in Florida

4. L09000120565 Document number

5. (a) Dhiva Sokkathavar  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
12759 Standbridge Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Riverview, FL 33579

(b) Santhalakshmi Chidambaram

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

12759 Standbridge Drive

**NEW** Registered Office Address:

Riverview, FL 33579

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.

C. Santhalakshmi  
Signature of a member or authorized representative of a member

Santhalakshmi Chidambaram

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.

C. Santhalakshmi  
Signature of Registered Agent

FILED  
2020 MAR 23 AM 9:39  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS