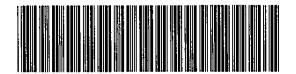
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	MAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						

Office Use Only



900283649189

04/06/16--01004--002 \*\*25.00

APR 0 8 2016

Y SULKER

## COVER LETTER

-----

TO: Registration Section Division of Corporations						
SUBJECT: GURU KRUPA INVESTMENT 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:					
AKASH PATEL						
Name of Person						
GURU KRUPA INVESTMENT LLC						
Firm/Company						
2511 US HIGHWAY 27 SOUTH						
Address						
AVON PARK, FL 33825						
City/State and Zip Code						
A_KRASH10@YAHOO.COM						
E-mail address: (to be used for future annual report i	otification)					
For further information concerning this matter, please call	:					
AKASH PATEL 863	453-2000					
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					
INHS18 (2/14)						

## 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: GURU KRUPA INVESTMENT LLC							
2. (	(a)	2511 US HIGHWAY 27 SOUTH	(b) 2511 US HIGHWAY 27 SOUTH					
	( <del>-</del> ) .	Principal office address of limited liability company:	ed liability company:			Mailing address of limited liability company:		
		(Note: MUST BE STREET ADDRESS) AVON PARK, FL 33825		AV/ON E	(Note: MAY BE POST OF	TICE BUX)		
		AVOIN FAICK, I E 33023	<b></b>	AVONF	PARK, FL 33825			
			-	L100000	62528			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	PATEL, PANKAJ K						
	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  4640 ROYAL BIRKDALE WAY  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- e: -			
		WESLEY CHAPEL , FL 3	<del>-</del>					
,	(b)	AKASH PATEL			,	76		
`	.~ <i>)</i> .	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	ress:	-	APR		
		2511 US HIGHWAY 27 SOUTH			1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	<i>₹</i> 0		
		NEW Registered Office Address:	(1) (1) (1) (1)	Ph 12:				
		AVON PARK, FL_3	3825			0		
the age was	chaint w htwe	mited liability company is not organized under the laws age or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the line	ne regist ility con the limi mited li	tered office npany, it is ted liability ability con	e and the business office s hereby confirmed that to y company or as otherwinpany.	of the registered the change(s) se provided in		
	AL	lest petal		4KASH	Printed or typed name of sig			
Si		ure of a member or authorized representative of a member						
I he prot the to n noti	ereb visio obli iere fiea	ly accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided j ly reflect a change in the registered office address, I he in writing of this change.	e to act erforma for in C reby co	in this cape ince of my c hapter 605 nfirm that	acity. I further agree to duties, and I am familian 5, F.S. Or, if this docume the limited liability comp	comply with the with and accept on is being filed oany has been		
Sign	1KS tatur	of Registered Agent						