#L1000069270

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



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SECRETARY OF STATE
FAIL AHASSEE, FLORID

K.SALY EXAMINER APR 15 2013



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2013

MAHENDRA GUNAPOOTI 10656 COUNTRY VIEW DR. ST. LOUIS, MO 63141

SUBJECT: PYRAMID INVESTMENT MANAGEMENT III, LLC

Ref. Number: L10000069270

We have received your document for PYRAMID INVESTMENT MANAGEMENT III, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 513A00007285

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

_{subject:} Pyramid Investment Management III, 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:

Name of Person

Firm/Company

10656 Country View Do

Address

St. Louis Mo-63/41

City/State and Zip Code

mahipal10304@gmail.com

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

For further information concerning this matter, please call:

Mahendra Gunapooti

__314

993-0498

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

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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 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. Name of the limited liability company: Pyramid Investment | Management III, LLC |
|---|---|
| 2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | iny: 4403 Sun Village Blvd Kissinnee, FL 34746 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | PO TO A |
| | 301 Sovereign Court, suite 202 |
| | Manchester, MO 63011 |
| | 200 |
| 06/29/2010 | L10000069270 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown of | n the records of the Florida Dept. of State: |
| Registered Agent: | NRAI Services Inc. |
| Registered Office Address: | 515 E. Park Ave |
| | Tallahassee, FL 32301 |
| | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> NEW Registered Agent: | EW Registered Office address: Mahendra Gunapooti |
| NEW D. C. LOSS ALL | A400 Dun Millere Dlad |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 4403 Sun Village Blvd Kissimmee, FL 34746 |
| MOST DE L'EURIDA STREET ADDRESS | ,FL |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or |
| Printed or typed name of signee | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to a address, Thereby confirm that the limited liability composition. | d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change. |

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

Signature of Registered Agent