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(Requestor's Name) (Address)						
						(Address)
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Ra Change

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations					
SUBJECT:	NextGen People LLC					
	Name of Limited Liability Company					
Dear Sir or N	⁄ladam:					
The enclosed	Registered Agent/Registered Off	fice Change ar	nd fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to th	c following:			
Ghazal Na	bavi					
	Name of Person					
NextGen P	People LLC					
	Firm/Company		<u> </u>			
15951 SW	41st Street #300					
	Address					
Davie, FL 3	33331					
	City/State and Zip Code					
	extgenmanagement.com					
E-mail	address: (to be used for future and	nual report not	ification)			
For further in	iformation concerning this matter	, please call:				
Ghazal Nal	bavi	954	306-4125			
	Name of Person		Area Code & Daytime Telephone Number			
	EET/COURIER ADDRESS: stration Section		AAILING ADDRESS: tegistration Section			
Divis	sion of Corporations	D	Division of Corporations			
	on Building	P.O. Box 6327				
	Executive Center Circle hassee, Florida 32301	Т	allahassee, Florida 32314			
Encl	osed is a check for the following	g amount:				
₩ \$2	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.

!. (a)			(b)	
, ,	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: <u>GNote: MAY BE POST OFFICE BOX</u>)
	15951 SW 41st Street #300		Same	
	Davie, FL 33331			
	10-03-2011		L110000	<u></u> ગુરુપ્619
•	Date of filing/registration in Florida	4.		Document number
. (a)				
	Registered Agent and Registered Office shown on the records of Minda Stratton	the Flori	da Dept, of St	ote:
	Registered Office Address (MUST BE FLORIDA STREET.	<u>ADDRE:</u>	<u>55)</u>	
	15951 SW 41st Street #300			
	Davie	3333	1	<u>—</u> ,
	. 141	·		
(b)				find in a contract of the cont
	Enter name of NEW Registered Agent and/or NEW Registered		ddress:	
	Gregory St. John			-8 PM12: 09
	NEW Registered Office Address:			- PK12:
	200 East Palmetto Park Road Suite 103	2: (
				09
	Boca Raton	33432	2	
	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of	the reg ability of the li	gistered offi- company, it mited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
gent w as/we	cles of organization or the operating agreement of the	нишес		anpany.
gent w as/we se arti	cles of organization or the operating agreement of the	Himited	•	1inda Stratton
gent w ras/we re arti- / Signat	cles of organization or the operating agreement of the hunles		N	Ainda Stratton Printed or typed name of signee
gent w ras/we re arti- Signal herel rovision re obli- mere	cles of organization or the operating agreement of the	ree to a perform d for in	et in this ca mance of m Chapter 60	Ainda Stratton Printed or typed name of signee pacity. I further agree to comply with the y duties, and I am familian with and accept 15. F.S. Or, if this document is being filed