

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(Only States Elph Holle II)							
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



200318400592

09/17/18--01029--007 **35.00





September 21, 2018

RAJ RAWAL 3480 POINCIANA AVE MIAMI, FL 33133

SUBJECT: SF MANGO INVESTMENTS LLC

Ref. Number: L11000065800

We have received your document for SF MANGO INVESTMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return 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.

Dionne M Scott Regulatory Specialist II

Letter Number: 718A00019784

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

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	SF Mango Investments, LLC					
		of Limited Lia	ability Company			
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning this r	natter to the f	Collowing:			
Raj Ra	wal					
	Name of Person					
SF Mai	SF Mango Investments, LLC					
-	Firm/Company		_			
3480 P	oinciana Avenue					
	Address		_			
Miami	FL 33133					
	City/State and Zip Code					
rhrawa	l@gmail.com					
E-r	mail address: (to be used for future annual	report notifi	cation)			
For furth	ner information concerning this matter, ple	ease call:				
Raj Ra		301 at (346-5091			
	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	Reg Div P.O	diling ADDRESS: gistration Section ision of Corporations Box 6327 iahassee, Florida 32314			
1	Enclosed is a check for the following amount:					
(□ \$25 Filing Fee	□ \$5:	5 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.

Name of the limited liability company:	F Mango Inves	tmen	ts, LLC	
3480 Poinciana Avenue		(b)	3480 Po	inciana Avenue
Principal office address of limited liabili (Note: MUST BE STREET ADD	•	(-)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Miami FL 33133			Miami FL	. 33133
June 6, 2011		l	1100006	5800
Date of filing/registration in Fl	lorida	4.		Document number
Raj Rawal				
Registered Agent and Registered Office shown	on the records of the	Florida	Dept. of State	;
3480 Poinciana Avenue				
Registered Office Address (MUST BE FLO	RIDA STREET ADL	PRESSI		
Miami	, _{FL} 33	133		
Registered Agents Inc.			 	·
Enter name of NEW Registered Agent and/or	NEW Registered Off	lice add	res:	
3030 N. Rocky Point Drive, #15	0 A			
NEW Registered Office Address:				
Tampa		8607	-	
te limited liability company is not organize change or changes are made, the Florida st nt will be identical. Or, in the case of a Flowere authorized by an affirmative vote of articles of organization or the operating againguage of a member or authorized representative of	ed under the laws of reet address of the orida limited liabil the members of the reement of the lim	of the e regis lity co he limi nited li	mpany, it is ited liability	hereby confirmed that the change(s) company or as otherwise provided in
regnature of a member of authorized representative of the appointment as registered sylvisions of all statutes relative to the proper obligations of my position as registered agreely reflect a change in the registered officied in writing of this change.	l agent and agree	to act rforma or in C reby co	in this capa ince of my a hapter 605, infirm that t	icity. I further agree to comply with th

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

Signature of Registered Agent