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(Requestor's Name)		
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(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	ł	
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, C	OVER LETTER	
TO: Registration Section		
Division of Corporations		
SUBJECT: FLARIDA DEBT	FUND LLC	
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitte	d for filing.
Please return all correspondence concerning	-	C
r lease return an correspondence concerning	this matter to the tonowing.	
1/		
KALPESH JOSHI Name of Person		201 14.
		E INC.
UNIVEHOL MORTGAGE Firm/Company		Star - 3
		Te 🙄 🔢
7041 GROUD NATIONAL	- DAIVE # 200	
ORLANDO FL 3281 City/State and Zip Code	<u>]</u>	
KJCONSULTANCY @ E-mail address: (to be used for future annual report n	<u><u><u>G</u>M4; L-</u>COM otification)</u>	
For further information concerning this matte	er, please call:	
KALPELN, JUNI Name of Person	at (<u>847</u>) <u>322</u> <u>798</u> Area Code & Daytime Feleph	9 one Number
	MAILING ADDRESS:	
STREET/COURIER ADDRESS: Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
•	P.O. Box 6327 Tallahassee, Florida 32314	
Clifton Building		
•		
Clifton Building 2661 Executive Center Circle		

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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: FLouch	a Dabb Frnd LLC
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	NY: 7041 GRAND MASSIMM Duive #2 ORGANDO FL 32819
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Sone
3/22/2012	L12000041263
 Date of filing/registration in Florida (a) Registered Agent and Registered Office shown or 	4. Document number
Registered Agent:	KALPGH JEAN B 1
Registered Office Address:	465 BRicher word
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address
<u>NEW</u> Registered Agent:	KOLDGIH JUN;
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7041 GRAND NATIONAL DUSVE H: ORLANDD

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.

Signature of a member or authorized representative of a member

KALPESH JOSHI

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. Hantho.

Signature of Registered Agent KALPESH JOSHJ Division of Corporations, P.O. Box 6327. Tallahassee, FL 32314

FILING FRE: \$25.00