## U20000424

	(Requestor's Name)
	(Address) .
	(Address)
<del></del>	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	
RECEIVE: 2017 MAY - 1 AM 9: 45	AHASSEE, FLORIDA
7107	Office Use Only



700298219187



D. BRUCE MAY 08 2017

## **COVER LETTER**

TO: Registration Section Division of Corporatio	ns						
SUBJECT:	Moksh	a K	PC	Holding Company	LLC	)	
	Name of I	imited Li	ability C	Company			
Dear Sir or Madam:							
The enclosed Registered Agent	/Registered Office Ch	ange and	fee(s) ar	re submitted for fi	ling.		
Please return all correspondence	e concerning this mat	ter to the	followin	ıg:			
Charlotte Tilley							
Name	of Person	<del></del>					
Law Office of Michael Tille	<b>Э</b> у						
Firm/C	Company						
128 Wilderness Cay							
Addı	ess		<del></del>			<del>*************************************</del>	
Naples FL 34114						SECRE	-7
City/State	and Zip Code		<del></del>		•	AY -	ווי ר
Mike@MRTilley.com					•	my -	'n
E-mail address: (to be use	d for future annual re	port notif	ication)			FLO 3	C
For further information concern	ning this matter, please	e call:				RIDA I	
Charlotte	at (	561	392	2-5707			
Name of Perso	n		Area (	Code & Daytime T	elephon	e Number	
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle	Reg Div P.C	gistration vision of D. Box 6:	ADDRESS: n Section Corporations 327 e, Florida 32314			
Enclosed is a check fo	r the following amou	ınt:					
<b>■</b> \$25 Filing Fee		<b>□</b> \$5	5 Filing	Fee & Certified C	Сору		
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.

(a)	<u> </u>	(b)			
` '	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	6400 N Andrews Ave Ste 490				
	Ft Lauderdale, FL 33309				
	05/11/2012	· L1200	0064295		
	Date of filing/registration in Florida	4.	Document number		
(a)	INCORP SERVICES, LLC				
(4)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State: AS 3		
	17888 67Th Court North		SECRET ALLAHAY		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	HASSI HASSI		
	Loxahatchee , FL	33470	P 3		
(b)	InCorp Services, Inc.		ORIDA		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:			
	17888 67th Court North				
	NEW Registered Office Address:				
	Loxahatchee, FL 33470		<u> </u>		
	Loxahatchee	33470			
cha ent v s/we arti	imited liability company is not organized under the laying or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is	the registered of ability company of the limited liability limited liability	office and the business office of the register, it is hereby confirmed that the change(s) bility company or as otherwise provided it company.  Printed or typed name of signee the comply with		

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

INHS18 (2/14)