

h12000105297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

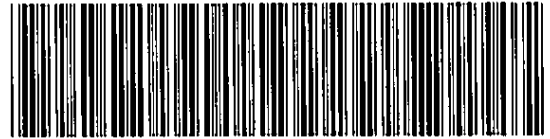
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INSTYLE TECHNOLOGIES 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:

Vimal Okhai

Name of Person

InStyle Technologies

Firm/Company

306 Belvedere Way

Address

Sanford, FL 32773

City/State and Zip Code

ram@instyletek.com

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

For further information concerning this matter, please call:

Ram Okhai

Name of Person

at ( 407 ) 536-0142

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*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.*

2. (a) 1200 Deltona Blvd (NEW)

(b) c/o Vimal Okhai (NEW)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

### 306 Belvedere

Sanford, FL 32773

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4. Document number

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32835


(b) Vimal Okhai

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

Sanford, FL 32773

FL

X   
Signature of a member or authorized representative of a member

Printed or typed name of signee

X   
Signature of Registered Agent

INHS18 (2/14)