

L12000160811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

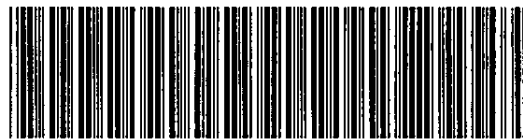
(Business Entity Name)

(Document Number)

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11:00 AM  
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25



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2013

PREETI CHOUDARI  
3000 CORAL WAY APT 801  
MIAMI, FL 33145

SUBJECT: NINE SOLUTION USA LLC  
Ref. Number: L12000160811

We have received your document for NINE SOLUTION USA 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 413A00027603

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NINE SOLUTION USA LLC  
Name of Corporation

DOCUMENT NUMBER: L12000160811

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PREETI CHOUDARI  
Name of Contact Person

NINE SOLUTION USA LLC  
Firm/Company

3000 CORAL WAY, APT 801  
Address

MIAMI, FL 33145  
City/State and Zip Code

preeti.choudhari@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Preeti Choudari at ( 305 ) 987 3043  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: NINE SOLUTION USA LLC

2. (a) Principal office address of limited liability company: 3000 CORAL WAY  
(Note: **MUST BE STREET ADDRESS**) APT 801, MIAMI, FL  
33145

(b) Mailing address of limited liability company: 3000 CORAL WAY  
(Note: **MAY BE POST OFFICE BOX**) APT 801, MIAMI, FL  
33145

12/27/2012  
3. Date of filing/registration in Florida

L12000160811  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET  
TALLAHASSEE, FL 32304

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

**NEW** Registered Agent:

PREETI CHOUDARI

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

3000 CORAL WAY, APT 801  
MIAMI  
, FL 33145

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

Preeti Choudari.

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, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00