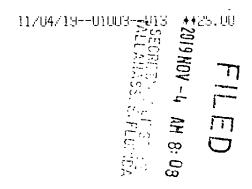


(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only





COVER LETTER

Registration Section

TO:

Divi	ision of Corporations				
SUBJECT:	Veerbapa LLC Name of Limited Liability Company				
SUBJECT					
Dear Sir or i	Madam:				
The enclosed	d Registered Agent/Registered Offic	e Change and	fec(s) are submitted for filing.		
Please returi	all correspondence concerning this	matter to the	following:		
Jyostana I	Patel				
	Name of Person		_		
Veerbapa	LLC				
	Firm/Company		_		
13000 Ca	rolines Cove Apt 106B				
	Address		_		
Ormond B	Beach FL 32174				
	City/State and Zip Code	,	_		
jyostana5	07@gmail.com				
E-mail	address: (to be used for future annu	al report notif	ication)		
For further i	nformation concerning this matter, p	olease call:			
Jyostana (Patel	770	715-3835		
	Name of Person	_ ***	Area Code & Daytime Telephone Numbe		
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ion Building 1 Executive Center Circle ahassee, Florida 32301	Re Dir P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enc	losed is a check for the following :	ımount:			
☑ \$25 Filing Fee			55 Filing Fee & Certified Copy		
INHS18 (2/1-	4)				

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.

I. Na	ime of the limited liability company: Veerbapa LL	.C		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	751 Sugar Mill Drive		<u>, </u>	
	New Smyrna FL 32168			
			· · · · · · · · · · · · · · · · · · ·	
	03/15/2013		L13000039340	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Mukesh Patel			
147	Registered Agent and Registered Office shown on the records of		State:	
Registered Office Address (MUST RE FLORID 4 STREET ADDRESS)				
	751 Sugar Mill Drive			
	New Smyrna	32168	 - -	
			FIL 2019 NOV -4 SECRE TAR ALLARIAS SEE	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		
	Jyostana Patel			
	NEW Registered Office Address:			
	13000 Carolines Cove Apt 106B	-·	— 80 # O8	
	Ormond Beach , F	32174		
the cha agent v was/w	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered of inbility company, of the limited liab	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.	
Signature of a member or authorized representative of a member			Printed or typed name of signee	
I here provisi the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing to the proper and completing to the proper as provided by reflect a change in the registered office address. It is writing of this change.	gee to act in this c performance of ed för in Chapter hereby confirm t	connectes. I feesther arrea to comply with the	
- Kignati	ge of Registered Agent			
, 0	Note to the police	n (227 - 12 12	shaceup El 22211	