

L13000073886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

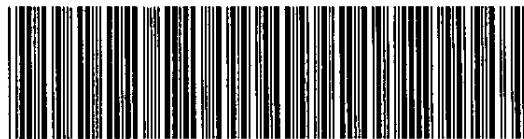
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REVENUE

17 OCT 10 PM 2:21

FILED

O. SIMMONS

OCT 11 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2017

CHAITALI PRAJAPATI
PO BOX 951497
LAKE MARY, FL 32795

SUBJECT: PI CONSULTING SERVICES, LLC
Ref. Number: L13000073886

We have received your document for PI CONSULTING SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 317A00019768

Please find enclosed corrected application

2017 OCT 10 PM 8:21
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PI Consulting Services 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:

Chaitali Prajapati

Name of Person

PI Consulting Services LLC

Firm/Company

P O Box 951497

Address

Lake Mary, FL 32795

City/State and Zip Code

cprajapati@pics-llc.com

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

For further information concerning this matter, please call:

Chaitali Prajapati

at (407) 491-0418

Name of Person

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

**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.

1. Name of the limited liability company: PI Consulting Services LLC

2. (a) 2073 W. Lake Mary Blvd (b) P. O. Box 951497

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Lake Mary, FL 32746

Lake Mary, FL 32795

05/21/2013

L13000073886

3. Date of filing/registration in Florida

4. Document number

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

Chaitali Prajapati

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3078 Heirloom Rose Place

Oviedo, FL 32766

(b) Chaitali Prajapati

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

~~P O Box 951497~~ 2073 W. Lake Mary Blvd

NEW Registered Office Address:

Lake Mary, FL ~~32795~~ 32746

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.

Chaitali Prajapati

Signature of a member or authorized representative of a member

Chaitali Prajapati

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 605, 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.

Chaitali Prajapati

Signature of Registered Agent

FILED
OCT 10 PM 2:28
DIVISION OF CORPORATIONS