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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: 60 BOllywood Name of Limited | Tampa Bay Florida Liability Company Convention LL |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office C | hange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this ma | atter to the following: |
| Darshna Patel and Chetan Shah Name of Person | |
| Go Bollywood Tampa Bo | ay Florida Convention LLC |
| 400 N. Ashley Dr., Ste. | .1500 PER 11 |
| Tampa Pl 33602 Darshna @ Gobollywoodtampa | |
| Chetan @ Cabally wood tan E-mail address: (to be used for future amfual report notification | gabay.com |
| For further information concerning this matter, plea | se call: |
| Chetan Shah at (| 177) U88-U149 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 |

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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: 60 8011 | | | |
|--|--|--|--|
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | Ste 1500 Tampa, Pl 33602 | | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 400 N. Ashley Dr. Str. 1500 Tampa, Pl. 33402 | | |
| 3. Date of filing/registration in Florida | | | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | |
| Registered Agent: | Chetan L. Shah | | |
| Registered Office Address: | HOO) W. Henry Aves Tampa, Fl 33614 | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| NEW Registered Agent: | Chetan R. Shah | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 400 N. Ashley Dr. 3 Stc. 1500 Tampa FL 33602 | | |
| If the limited liability company is not organized under the leanning confirmed that after the change or changes are made, the Frand the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member | lorida street address of the registered office | | |
| (Letan & Shah | | | |
| Printed or typed name of signee | _ | | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, Thereby confirm that the limited liability company | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change. | | |

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

Signature of Registered Agent