L13000086319

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AUG 29 2013 J. BRYAN

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Nav Durga 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:

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Name of Person

NP Discount Beverages

Firm/Company

5275 S Nova Road

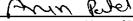
Address

Port Orange, FI 32127

City/State and Zip Code

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

For further information concerning this matter, please call:



at (386)846-1353 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 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: Nav Durga LLC		
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 5275 S Nova RD Port Orange, Fl 32127	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5275 S Nova Road Port Orange, FI 32127	
6/19/2013	L13000086319	The state of the s
3. Date of filing/registration in Florida	4. Document number	THE THE
5. (a) Registered Agent and Registered Office shown of		pt. of State:
Registered Agent:	Nirali Patel	· · · · · · · · · · · · · · · · · · ·
Registered Office Address:	6124 SANCTUARY GARDEN Port Orange FI 32127	
NEW Registered Agent: NEW Registered Office Address:	ARUNBHAI N PATEL 5275 S Nova Road	
(MUST BE FLORIDA STREET ADDRESS)		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the re- entical. Or, in the case of a Flor- (s) was/were authorized by an a wise provided in the articles of	gistered office
ARUNBHAIN Patel Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compo	l agree to act in this capacity. proper and complete performan position as registered agent as nerely reflect a change in the ro any has been notified in writing	I further agree to ice of my duties, provided for in egistered office of this change.

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

Signature of Registered Agent