

L130000B7919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

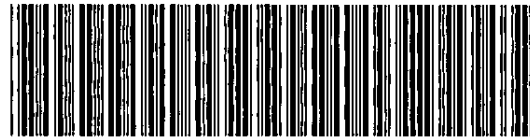
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong Form

Office Use Only



900264718069

09/30/14--01025--015 **35.00

FILED
OCT 22 PM 2:13
TALLAHASSEE, FLORIDA

LL
RACRG

OCT 22 2014

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2014

YOGESH AMIN
12813 GETTYSBURG CIR
ORLANDO, FL 32837

SUBJECT: YOGSHIP ENTERPRISES, LLC.
Ref. Number: L13000137919

We have received your document for YOGSHIP ENTERPRISES, 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):

The form you submitted is for a change of registered agent for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return 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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 514A00021785

RECEIVED
14 OCT 22 PM 1:08
REPUBLIC OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yogship Enterprises 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:

Yoghendee S. Amin

Name of Person

Sunshine Food mart

Firm/Company

1212, E. Silverstar Road

Address

Ocoee, Florida : 34761

City/State and Zip Code

d.patel@usa.com

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

For further information concerning this matter, please call:

Devesh Patel

Name of Person

at (407) 488-7635

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: YOGSHIP Enterprises LLC

2. (a) 1212, E. Silver Star Road

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

OC00E

Florida: 34861 34761

(b) 1212, E. Silver Star Road

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

OC00E

Florida: 34761

3. OCT 01 2013
Date of filing/registration in Florida

4. L130000137919
Document number

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

12813, GETTYSBURG CIRCLE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO, FL 32837

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

1212, E. SILVER STAR ROAD

NEW Registered Office Address:

OC00E, FL 34761

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.

Yoghendra Amin
Signature of a member or authorized representative of a member

Yoghendra S. Amin
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.

Yoghendra Amin
Signature of Registered Agent

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

FILED
14 OCT 22 PM 2:13
TALLAHASSEE, FLORIDA