## L17000 149048

(Re	questor's Name)						
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(D.	ain and Entitle Name						
(bu	siness Entity Nam	ie)					
(Do	cument Number)						
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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16 JUL 27 PM 3: 53
SECRETARY OF STATE

J. HARRIS

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT:		
		e of Limited L	iability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the	following:
Balaj	i Ramadoss		
	Name of Person		<del></del>
Edgil	ity, LLC		
	Firm/Company		<del></del>
8 - 10	Oth Street, Apt. 1509		
***************************************	Address		<del></del>
San	Francisco, CA 94103		
	City/State and Zip Code		
balaj	i@edgility.io		
I	E-mail address: (to be used for future ann	ual report noti	ication)
For fu	rther information concerning this matter,	please call:	
Balaj	i Ramadoss	813	300-2346
	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	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 Illahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	■ \$25 Filing Fee	<b>□</b> \$	55 Filing Fee & Certified Copy
INHSI	8 (2/14)		

## 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. Na	ame of the limited liability company: EDGILITY,	LLC						
2. (a)	8-10th Street, Apt. 1509		(b)	8-10th S	Street, Apt.	1509		
(w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,	(0,		Mailing address o			
	San Francisco, CA 94103			San Fran	ncisco, CA	94103		
	October 23, 2013	<del></del>		L1300014	19048			
3.	Date of filing/registration in Florida	4,			Document nu	mber		
5. (a)	Balaji Ramadoss							
	Registered Agent and Registered Office shown on the records 3403 W. Villa Rosa Street	of the Flo	rida	Dept. of State				
	Registered Office Address (MUST BE FLORIDA STREE	TADDR	ESS)			SECRE TALL AH	16 JI	<i>णा</i> ्ताःस्त्
	Tampa , I	<sub>FL</sub> 336	11				JUL 27	To the second se
(b)	CT Corporation System			•		<u> </u>	PH	
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office	add	ress:	•	<u> </u>	ب	J
	1200 South Pine Street					OF STATE FF. FLORIDA	: 53	
	NEW Registered Office Address:							
	Plantation , F	<sub>7L</sub> 333	24					
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the day.	of the re liability s of the ne limite	egist cor limi ed li	ered office npany, it is ted liability	and the busin thereby confir company or a pany.	ess office med that t	of the he cha	registered nge(s)
Signat	ure of a pember or authorized representative of a member	_			Printed or typed	name of sign	nee	
provisio the obli to mene	by accept the appointment as registered agent and a copy of all statutes relative to the proper and completed the proper and completed the proper and completed the proper as provided the property of the pro	te perfo led for i I hereby	rma n C. v co	nce of my d hapter 605, nfirm that t	icity. I further luties, and I ar F.S. Or, if th he limited liab	agree to a n familiar is docume vility comp	comply with a nt is bo any ha	with the accept with the sing filed as been
ionji <b>e</b> g	Vin writing of this change.  And	gel N	ur	ez				
Signatur	ASSISTA	ant S	ec	retary				
	Division of Cornerationse P.O.				WY 2721 <i>4</i>			

**FILING FEE: \$25.00**