L14000061642

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	isiness Entity Nar	ne)					
(Do	cument Number)						
Certified Copies	Certificates	of Status					
Special Instructions to	Filing Officer:						
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COVER LETTER

Division of Corporations			
Jaipur Internet LLC SUBJECT:			
	imited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Dennis Fister			
Name of Person			
Jaipur Internet LLC			
Firm/Company			
5806 Benevento Dr			
Address			
Sarasota, FL 34238			
City/State and Zip Code	——————————————————————————————————————		
dennisfister@gmail.com			
E-mail address: (to be used for future annual rep	ort notification)		
For further information concerning this matter, please	call:		
Dennis Fister at (3216981		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amour	ıt:		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (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: Jaipur Internet L.	LC					
2. (a)	5806 Benevanto Dr	(b)			vanto Dr		
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		-	limited liability co	
	Sarasota, FL 34238			Sarasota, F	I. 34238		
	04/15/2014		L	.140000616	42		
3. 5. (a)	Date of filing/registration in Florida INCORP SERVICES, INC.	4.	_		Document nun	nber	
). (u)	Registered Agent and Registered Office shown on the records of 17888 67TH COURT NORTH	f the Flo	rida I	Dept. of State	- ::		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)		-		
	LOXAHATCHEE, FI	33470 L)			7021	-
(b) .	Dennis Fister					Toll 15	k t
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-		***	
	5806 Benevento Dr					bu 9: 50	
	NEW Registered Office Address:				-		2
	Sarasota	34238	-	-	-		
change igent v was/we	imited liability company is not organized under the larger or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	ws of the registrability of the limite	ered com limit d lia	office and pany, it is ed liability	I the business on the hereby confirm to company or as	office of the regined that the cha	stered nge(s)
Signat	ture of a member or authorized representative of a member	_			Printed or typed r	name of signee	
provisi he obli o mere	by accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I important this change.	perfor d for in	man n Ch	ce of my d apter 605,	luties, ånd I am F.S. Or. if thi	i familiar with a s document is b	nd accept eing filed
Signatu	re of Registered Agent						