## L14000118965

(Requestor's Name)						
(Address)						
(Address)						
(City/St	ate/Zip/Phon	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	s of Status				
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2015 AUG 17 PH 4: 44
SECRETARY OF STATE

K.SALY EXAMINER AUG 19 2015

## **COVER LETTER**

TO:

Registration Section

Division of C	Corporations						
SUBJECT:	SUBJECT: SANKAR UC						
	Na	me of Limited Li	ability Company				
Dear Sir or Madam:							
The enclosed Registe	red Agent/Registered Of	fice Change and	fee(s) are submit	ted for filing.			
Please return all corre	espondence concerning t	his matter to the f	ollowing:				
SANDEEP	SINGHVI / Name of Person	KARUNA	_ _ΣὶΝΔΗΥ Ϊ				
	SANKAR LI Firm/Company	-C	_				
5734	BASCETT PL Address		_				
SANFO	RD , FC , 32 City/State and Zip Code	771	<del></del>				
SiNGHVIY E-mail address:	CORIDA @ (to be used for future an	C7MAL. Conual report notifi	<u>&amp;</u> Y∕) cation)				
For further information	on concerning this matte	r, please call:					
San	deep Linghing of Person	at (U07_	) <u>UOS</u> Area Code & D	7773 . Daytime Telephone Number			
Registration Division of C Clifton Build 2661 Executi	Corporations	Reg Div P.C	AILING ADDRI sistration Section ision of Corpora Box 6327 lahassee, Florida	tions			
Enclosed is a	Enclosed is a check for the following amount:						
\$25 Filing	Fee	□ \$5	5 Filing Fee & C	ertified 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.	N	Name of the limited liability company:SANk	AR	LLC
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		5734 BASSETT PL		(NOR. MAT BLIOST OFFICE BOA)
		SANFORD, PL, 52771	<del></del>	
3.		Date of filing/registration in Florida 4.		214000118965 Document number
5.	(a)	a) <u>CAN DEEP SINGHUI / KARUN</u> Registered Agent and Registered Office shown on the records of the Florid	A <u>C/</u> la Dept. of	State:
		5734 PASSETT PL Registered Office Address (MUST BE FLORIDA STREET ADDRES)		AHAS I
		Sanford, FL 3	2771	PH 4: 44 SEE, FLORID
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office ac	ddress:	<u> </u>
		NISHAD CHAN P.L.  NEW Registered Office Address:  617 E. COLONIAL DR		
		ORLANDO, FL 3°	280	<u>3</u> ·
age wa the	ent v s/w e art	change or changes are made, the Florida street address of the regit will be identical. Or, in the case of a Florida limited liability covere authorized by an affirmative vote of the members of the limited or the operating agreement of the limited	istered of ompany, nited liab	iffice and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in
	Signa	enature of a member or authorized representative of a member		Printed or typed name of signee
I h pro the to not	here ovis ob mer tifie	reby accept the appointment as registered agent and agree to ac isions of all statutes relative to the proper and complete perform bligations of my position as registered agent as provided for in erely reflect a change in the registered office address, I hereby c ied in writing of this change.	t in this	canacity. I further agree to comply with the
Sig	gnati	ature of Registered Agent		