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TO: Registration Section Division of Corporations MIRABAI DEVI LLC SUBJECT: 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: **DIANA KOVACS** Name of Person MIRABAI DEVI LLC Firm/Company PO BOX 235615 Address ENCINITAS, CA 92023 City/State and Zip Code DIANAK.BOOKS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **DIANA KOVACS** Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$25 Filing Fee \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**COVER LETTER** 

## 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	me of the limited liability company: MIRABAI DEV	'I LLC						
2.	(a)	MIDARAIDEVILLO		(b) MIRABAI DEVI LLC  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  PO BOX 235615					
-	(4)								
		1521 4th Street N. Apt #4	_	ENCINIT				<del></del>	
		Jacksonville Beach, FL 32250	-	 L1400017	1194	·		***	
3. 5.	(a)	Date of filing/registration in Florida MARCH 12, 2016	4.		Document	t number			
٥.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>						
		, FL_				1 <b>ý.</b> 35	2016		
(b)		Enter name of NEW Registered Agent and/or NEW Registered Office address:				CRETARY OF LAHASSEELF	MU6 22 P		
		NEW Registered Office Address:			CORPORATE S				
		, FL_							
the ag	e cha ent v as/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by amaffirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co f the lim	tered office mpany, it is ited liability	and the b hereby co company	usiness officionfirmed that	e of th the cl	e registered nange(s)	
_		m 5 15	DIA	NA KOVA		8716/1	ψ.		
I pr th	here ovisi e obl mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act performa I for in C ereby co	in this cape ance of my c hapter 605 anfirm that i	ncity I fun	yped name of si rther agree to I I am familia if this docum I liability com	- o comi	oly with the and accept being filed has been	

Signature of Registered Agent

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