L15000019875

(Re	questor's Name)							
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 29, 2015

SARAVANAN SESHADRI GATEWAY INSTITUTE HOLDINGS LLC 11810 SHIRE WYCLIFFE COURT TAMPA, FL 33626

SUBJECT: GATEWAY INSTITUTE HOLDINGS, LLC

Ref. Number: L15000019875

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to a Florida Limited Liability Company.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

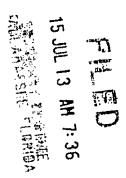
Cheryl R McNair Regulatory Specialist II

Letter Number: 415A00011321

RECEIVED
15 JULIS PHI2: 56
VEN.

Saravanan Seshadri Gateway Institute Holdings, LLC 11810 Shire Wycliffe Ct Tampa, FL 33626

Ref Number: L15000019875



Dear Ms. McNair:

Thank you for your letter dated May 29th, 2015. Per your letter, please find attached the appropriate forms for the change of address for the registered agent.

If you could please apply the funds from the prior check towards this filing fee of \$25 and send a check back for the difference, it is much appreciated.

Thank you in advance.

Saravanan Seshadri

Gateway Institute Holdings, LLC

COVER LETTER

Division of Corporations
SUBJECT: CATEWAY POSTITUTE HOLDINGS, 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:
S'ARAVANAM SESHADRA Name of Person
GATEWAY PUSTITURE HOLDING, CLC Firm/Company
11810 SHINZ WYCLIFFE CT
TAMPA, The 33626 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SARAVANA SESTADUR at (813) 891-0300 × 101 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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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:	Ay In	st more	Hous	7124	LLC
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing add	ACC ress of limited AY BE POST	liability co	ompany:
		TAMPA, FL 33 6026					
		02/02/2015		L1500		875	
3.		Date of filing/registration in Florida	4.	Documer	nt number		
5.		SARAVANAN SESHADRI					
		Registered Agent and Registered Office shown on the records of the	: Florida Dept. o	f State:			
		11810 SHIRE WYCLLFFE					
		Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)				
							
		TAMPA	33626	,	· ·		
						\$ 5	
	(b)	SARAVANA SESHAOR			- حد الكونات.		Congress
		Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:		\$40 F		pain.
		11810 SHAZ WYCLIF	FZ CT				
		NEW Registered Office Address:				- X	11 454
		_				7:3	**Conf
					15	7	
		Man PA, FL	33626				
the age wa the	chai ent w s/we artic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	ne registered of ility company the limited lia mited liability	office and the by, it is hereby company company.	ousiness offi onfirmed they or as other	ice of the lat the ch rwise pro	e registered nange(s) ovided in
	im nt	ure of a member or authorized representative of a member		SALMA Printed or	m	SERMA	MIL
I h pro the to i not	ereb visio obli nere ifiea	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided j ly reflect a change in the registered office address, I he in writing of this change				~	
Sig	natur	e of Registered Agent					