## 11500CD 24858

| (Requestor's Name)                      |              |           |  |  |
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|   |              |           |  |  |
| (Address)                               |              |           |  |  |
|   |              |           |  |  |
| (Address)                               |              |           |  |  |
|   |              |           |  |  |
| (City/State/Zip/Phone #)                |              |           |  |  |
| PICK-UP                                 | ☐ WAIT       | MAIL      |  |  |
|   |              |           |  |  |
| (Business Entity Name)                  |              |           |  |  |
|   |              |           |  |  |
| (Document Number)                       |              |           |  |  |
|   |              |           |  |  |
| Certified Copies                        | Certificates | of Status |  |  |
|   |              |           |  |  |
| Special Instructions to Filing Officer: |              |           |  |  |
|   |              |           |  |  |
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| <u> </u>                                |              |           |  |  |

Office Use Only



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190 B GESVAR IV.

APPROVEG AND FILED



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

logan.hall@cscglobal.com From: Logan Hall

Date: March 8, 2019

Order#: 677425/010

Re: HATHI PARTNERS LLC

Enclosed please find:

Change of Registered Agent and Office.

XX Check in the amount of \$25 \_\_.

Please take the following action:

File in your office on a routine basis.

XX Issue Proof of Filing.

Return Regular Mail in the enclosed envelope. XX

> Attn:Logan Hall c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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  | ame of the limited liability company: HATHI PARTNE  | RS LLC   | <del></del>  |   |
|---|---|--|--|---|
| 2 (a)   | 3801 COLLINS AVE UNIT 803   | (b)  | 3801 COLLIN  | S AVE UNIT 803  |
| (u)   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _ (")  | Mailing a  | address of limited liability company:  MAY BE POST OFFICE BON           |
|   | MIAMI BEACH, FL 33140   | _  | MIAMI BEACH,   | FL 33140  |
|   | 02/10/2015  | _  | L15000024858   |   |
| 3.  | Date of filing/registration in Florida  | 4.   | Docum  | ment number   |
| 5. (a)  | UTTAMCHANDANI, VIJAY  |  |  | 26  |
| (.1   | Registered Agent and Registered Office shown on the records of the  | he Florida   | Dept. of State:  | E 19  |
|   | 7826 KINGSPOINTE PARKWAY  |  |  | 三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三                                 |
|   | Registered Office Address (MUST BE FLORIDA STREET A   | the Florida Dept. of State:  A PPROVE                        |  |   |
|   | ORLANDO FI.   | 32819  |  | # 6: 28   |
| (b)   | Corporation Service Company   |  |  | 2511 <b>CO</b>  |
| (0)   | Enter name of NEW Registered Agent and/or NEW Registered O  | Office add   | ress:  |   |
|   | 1201 Hays Street  |  |  |   |
|   | NEW Registered Office Address:  |  | <del></del> -  |   |
|   |   |  |  |   |
|   | Tallahassee , FL  | 32301  |  |   |
| the ch<br>agent<br>was/w                        | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the land.                | the regist<br>bility cor<br>f the limi                       | ered office and th<br>npany, it is hereb<br>led liability comp             | ne business office of the registered<br>by confirmed that the change(s) |
| <u> </u>  | /s/ Deepak Hathiramani  | Deepak Hathiramani, Manager  Printed or typed name of signee |  |   |
| I here<br>provis<br>the ob<br>to mer<br>notifie | sture of a member or authorized representative of a member obligation of all statutes relative to the proper and complete pligations of my position as registered agent as provided relivered action as provided relivered actions of this change in the registered office address. In a discount of this change. | performa<br>I for in C.<br>ereby co                          | in this capacity. Ince of my duties, hapter 605, F.S.<br>Mirm that the lim | I further agree to comply with the and I am familiar with and accept    |