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> 2021 AUG -9 AM 9: 28 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kunjani UC Name of Limited Lie	
Name of Limited Lis	ability 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 f	following:
Stephanie Bunnett Name of Person	_
Kunjani UC Firm/Company	_
780 Seagate Prive Address	_
Naples FL 34103 City/State and Zip Code	_
hello D kuryaninaples. com E-mail address: (to be used for future annual report notific	
For further information concerning this matter, please call:	
Stephanie Burnett at (239) Name of Person	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

I. Na	me of the limited liability company:	uc					
	780 Seagate Drive	_ (b)	5005	014	Pord	Dive	
(/ -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			-		liability company OFFICE BOX)	7
	Naples, FL 34103	- -	N	ples	FU	34104	
	inla2 115		L150	00 1C	\$ 2.7°	<u> </u>	
3.	Date of filing/registration in Florida	4.		cument n		<u> </u>	
5 (2)	Neville Davics						
	Registered Agent and Registered Office shown on the records of the 3725 34 St. Ave 500 Registered Office Address (MUST BE FLORIDA STREET AL		ot, of State:		SECRETARY OF STATE	FILEI	
	Naples ,FL	341	Π		F10911	D 1 9: 28	
(b)	Stephanie Bunnett					- "	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addres	<u>88</u> :		, Asa	se make	_
	2986 Full Moon Court		1	<u> </u>		aidress	
	NEW Registered Office Address:				Ma	iling address	
	Naples , FL	FL					
change agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	egistered o pility compo the limited imited liabi	office and the any, it is he is liability compared to the first transfer of the first transfer and the first transfer of transfer of the first transfer of trans	e busines reby con ompany o ny.	ss office of firmed the or as other	of the registered at the change(s rwise provided	d S)
Signal	are of a member or authorized representative of a member	_54-	<u>ephanie</u>	Programme	<u> ಇ೧೧೯</u> 4	f cianos	
I herek provision the oblination	by accept the appointment as registered agent and agree on a fill statutes relative to the proper and complete prigations of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change.	erformance for in Chap ereby confi	this capacit	v. I furth es, and I S. Or, if limited li	er agree am famil this doci ability co	to comply with liar with and ac ument is being j ompany has bee	the ccept filed en