## L16000034642

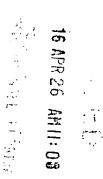
(Requestor's Name)					
	ddress)				
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(Address)					
(C	ity/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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## **COVER LETTER**

INHS18 (2/14)

	egistration Section ivision of Corporations			•			
SUBJEC'							
	Nam	e of Limite	d Liabil	ity Company			
Dear Sir o	or Madam;						
The enclo	sed Registered Agent/Registered Offi	ce Change	and feet	s) are submitted for filing.			
ase ret	urn all correspondence concerning thi	s matter to	the follo	owing:			
è	NITUI CANNE						
AVA Ši	NTHI GANNE						
4.1	Name of Person						
YASA S	SAI LLC						
	Firm/Company						
1728 DI	JNLAWRON AVE, SUITE 3						
	Address		,				
PORT C	DRANGE, FL 32127						
	City/State and Zip Code						
	INE@SAIORALSURGERY.COI						
E-m	ail address: (to be used for future ann	ual report	notificat	ion)			
For furthe	er information concerning this matter,	please call	:				
SRAVA	NTHI GANNE	412	)	913-8877			
	Name of Person		Á	rea Code & Daytime Telephone Number			
R D C 2	TREET/COURIER ADDRESS: Legistration Section Division of Corporations Clifton Building 661 Executive Center Circle Fallahassee, Florida 32301		Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314			
E	Enclosed is a check for the following amount:						
	\$25 Filing Fee	E	<b>2</b> \$55 F	iling Fee & Certified Copy			

## MENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

nt 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.

l. Na	ame of the limited liability company:	С		
2. (a)	C/O SRAVANTHI GANNE	(t	, C/O SR	AVANTHI GANNE
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(r		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1728 DUNLAWTON AVE, SUITE 3		1648 TA	YLOR ROAD, BOX 372
•.	PORT ORANGE, FL 32127	_	PORT O	RANGE, FL 32128
	02/18/2016		L1600003	34642
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	GUILFORD L SIMS			
(.,	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	· ¤
	Registered Office Address (MUST BE FLORIDA STREET A		_	
	DAYTONA	32114		
_	SRAVANTHI GANNE			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	6 APR
	YASA SAI LLC			\$ <b>\chi_{\sigma} \chi_{\sigma} \chi_{\sigma}</b>
	NEW Registered Office Address:			
	1728 DUNLAWTON AVE, SUITE 3			AM 11: 09
	PORT ORANGE , FL	32127		V. V.
the cha agent v was/we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regination the ling the limited li	stered office ompany, it is sited liability	and the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in apany.  GANNE
-	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I h I in writing of this change	ee to act perform I for in G iereby c	in this cape ance of my e Chapter 605 onfirm that i	acity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent