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J. LEGGETT FEB 20 2018

COVER LETTER

_	istration Section sion of Corporations					
SUBJECT:	VALVETEC LLC					
SOBILET.	Name of Limited Liability Company					
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please return	all correspondence concerning th	is matter to the following:				
SAURABI	H SANON					
	Name of Person					
VALVETE	C LLC					
	Firm/Company					
550 OKEE	ECHOBEE BLVD # 1410					
	Address					
WEST PA	LM BEACH, FL 33401					
	City/State and Zip Code					
	HSANON@GMAIL.COM					
É-mail	address: (to be used for future and	nual report notification)				
For further i	nformation concerning this matter	please call:				
DR. SAUF	RABH SANON	281 686-0996				
	Name of Person	Area Code & Daytime Telephone Number				
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enc	losed is a check for the following	amount:				
2 \$	25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18 (2/14	4)					

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: VELVETEC I	LLC		
2. (a)			o)	
_ (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	550 OKEECHOBEE BLVD #1410		55/7 0	OKECHOBEE BLVD#1410
		_		
	WEST PALM BEACH FL 33401	_	WEST	PALM BEACH FL 33401
	FEBRUARY 29, 2016		L160000	41583
3.	Date of filing/registration in Florida	4.	_	Document number
5. (a)	MADISON GREY STREET LLC			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Star	te:
		ADDALG	<u> </u>	_
	Registered Office Address (MUST BE FLORIDA STREET). 550 MILITARY TRAIL #22295	4DDRESS	n	
		- 		_
	JUPITER FL	33458		_ × <u>F</u> g 5
<i>(</i> 1.)	SAURABH SANON			833
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			20 E
	550 OKEECHOBEE BLVD			- _{သိ} ု ယ္
	NEW Registered Office Address:			
	# 1410		_	-
	WEST PALM BEACH . FL	33401		
the cha agent v was/we the art	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	ws of the f the regi ability co of the lin limited	State of Fi stered offic ompany, it nited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. SANON
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perform d for in hereby c	t in this cap ance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am jamiliar with and accepts, F.S. Or, if this document is being filed the limited liability company has been
¥	Carroll Dans			
/\text{gnate}	ne of Registered Agent			
í	Division of Corporations P.O. 1	Box 632	7● Tallaha	issee, FL 32314

FILING FEE: \$25.00