L16000048347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 13

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 APR 11 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 28, 2016

VIP SMOKE
KUNAL PATEL
2071 EAST OSCEOLA PKWY
KISSIMMEE, FL 34743

SUBJECT: OSCEOLA SMOKER'S DREAMZ #2 LLC
Ref. Number: L16000048347

We have received your document for OSCEOLA SMOKER'S DREAMZ #2 LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is not filed out completely. Please complete the form and return to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 916A00006274

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Osceola smoker dreamz #2 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:

Kunal Patel
Name of Person

VIP Smoke
Firm/Company

2071 east Osceola pkwy.
Address

Kissimmee Florida 34743
City/State and Zip Code

kunal54@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kunal Patel at (407) 399 9017
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

Enclosed is a check for the following amount:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

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. Name of the limited liability company: OSCEOLA SMOKER'S DREAMZ #2 LLC

2. (a) 11218 S. ORANGE BLOSSOM TRAIL
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

~~STE #1218~~

ORLANDO, FL 32837

(b) 11218 S. ORANGE BLOSSOM TRAIL
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

~~STE #1218~~

ORLANDO, FL 32837

3. 03/21/2016
Date of filing/registration in Florida

4. L16000048347
Document number

5. (a) KUNAL PATEL
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2071 E. OSCEOLA PKWY
Registered Office Address ***(MUST BE FLORIDA STREET ADDRESS)***

KISSIMMEE, FL 34743

(b) KUNAL PATEL
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

11218 S. ORANGE BLOSSOM TRAIL
NEW Registered Office Address:

ORLANDO, FL 32837

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2016 APR 11 AM 11:28
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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

7/2/2 Kalkdawala.
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (2/14)