

L16000125608

(Requestor's Name)

(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

Office Use Only



600352885906

RECEIVED
2020 OCT -1 PM 2:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 OCT -1 PM 1:27

C. GOLDEN

OCT - 2 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 442646 7233209

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 55.00

ORDER DATE : September 30, 2020

ORDER TIME : 1:05 PM

ORDER NO. : 442646-010

CUSTOMER NO: 7233209

CHANGE OF AGENT

NAME: MOKSHA TECH, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOKSHA TECH, LLC (formerly known as DecisionOne, 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:

AASHISH SHAH

Name of Person

Firm/Company

1013 Lucerne Avenue

Address

Lake Worth, FL 33460

City/State and Zip Code

aash.b.shah@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AASHISH SHAH

Name of Person

at (

917, 400 2669

Area Code & Daytime Telephone Number

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:

☐ \$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: MOKSHA TECH, LLC (formerly known as DecisionOne, LLC)

2. (a) MOKSHA TECH, LLC (b) MOKSHA TECH, LLC

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

1013 LUCERNE AVENUE

LAKE WORTH, FL 33460

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

1013 LUCERNE AVENUE

LAKE WORTH, FL 33460

06/30/2016

L16000125608

3. Date of filing/registration in Florida

4. Document number

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

OAK LANE PARTNERS LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1013 LUCERNE AVENUE

LAKE WORTH, FL 33460

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

AASHISH SHAIH

NEW Registered Office Address:

1013 LUCERNE AVENUE

LAKE WORTH, FL 33460

7/20/2016 - 1 PM 1:27

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

AASHISH SHAIH

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