

1  
L16 000 143540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

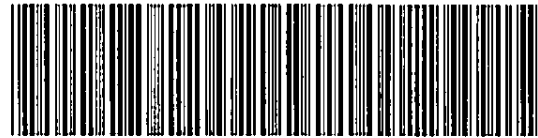
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200303150462

09/13/17--01019--019 \*\*25.00

FILED

17 SEP 13 AM 11:38

DIVISION OF CLERK SERVICE

O SIMMONS

SEP 14 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOSHILLC

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:

SAUMYA JOSHI

Name of Person

JOSHILLC

Firm/Company

8787 SOUTHSIDE BLVD APT 5213

Address

JACKSONVILLE / FL / 32256

City/State and Zip Code

joshisam@me.com

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

For further information concerning this matter, please call:

SAUMYA JOSHI

Name of Person

at ( 484 ) 226-6400

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: JOSHI LLC

2. (a) 4720 Salisbury Road Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

STE 111

Jacksonville, FL 32256

(b) 4720 Salisbury Road Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

STE 111

Jacksonville, FL 32256

3. 08/31/2016 Date of filing/registration in Florida

4. L16000163540 Document number

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

4720 Salisbury Road  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 111

Jacksonville FL 32256

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

8787 Southside Blvd  
NEW Registered Office Address:

APT 5213

Jacksonville FL 32256

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]  
Signature of a member or authorized representative of a member

SAUMYA JOSHI  
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.

N/A  
Signature of Registered Agent

FILED  
17 SEP 13 AM 11:33  
DIVISION OF CORPORATIONS