

L16000181594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

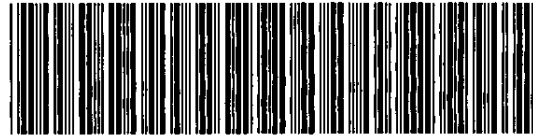
Special Instructions to Filing Officer:

2017 APR -3 PM 5:26

2017 APR -3

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only



900297483339

04/04/17--01004--020 \*\*55.00

17 APR -3 AM 11:21

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 06 2017

J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MINDCHILD CONSTELLATION 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:

BHARADWAJ VENKATA SESA NIPPANI

Name of Person

MINDCHILD CONSTELLATION LLC

Firm/Company

15977 HUTTON LANE

Address

JACKSONVILLE, FLORIDA 32218

City/State and Zip Code

BVSN@BRADNIPPANI.COM

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

For further information concerning this matter, please call:

BHARADWAJ "BRAD" NIPPANI at ( 904 ) 535-2860

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: MINDCHILD CONSTELLATION LLC

2. (a) MINDCHILD CONSTELLATION LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

8045 SUMMERSIDE CIRCLE

JACKSONVILLE, FLORIDA 32256

(b) MINDCHILD CONSTELLATION LLC

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

PO BOX 550508

JACKSONVILLE, FLORIDA 32255

SEPTEMBER 27, 2016

L16000181594

3. Date of filing/registration in Florida

4.

Document number

5. (a) BHARADWAJ VENKATA SESA NIPPANI

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8045 SUMMERSIDE CIRCLE, JACKSONVILLE, FL 32256

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8045 SUMMERSIDE CIRCLE

JACKSONVILLE, FL 32256

(b) BHARADWAJ VENKATA SESA NIPPANI

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

15977 HUTTON LANE, JACKSONVILLE, FL 32218

**NEW** Registered Office Address:

15977 HUTTON LANE

JACKSONVILLE, FL 32218

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

03/27/2017 BHARADWAJ VENKATA SESA NIPPANI  
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]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
CLERK OF STATE  
17 APR -3 AM 11:21