

# L16000188139

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

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2023 MAY 24 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: NARAIN, LLC

2. (a) 233 Della Court

Principal office address of limited liability company:

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

Spring Hill, Florida 34606

(b) 233 Della Court

Mailing address of limited liability company:

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

Spring Hill, Florida 34606

10/11/2016

3. Date of filing/registration in Florida

L16000188139

4. Document number

5. (a) Napolitano Law, LLC

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

233 Della Court

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Spring Hill, FL 34606

(b) John Napolitano, Esq.

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

5327 Commercial Way

NEW Registered Office Address:

Suite C113

Spring Hill, FL 34606

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

Azzam Mufah, Manager

Printed or typed name of signer

*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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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