

L17000097088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

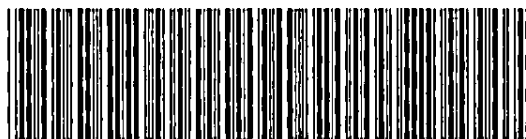
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2018

MUNA DAHAL  
4251 STUDIO PARK AVE  
JACKSONVILLE, FL 32216 US

SUBJECT: HIMAL LLC  
Ref. Number: L17000097088

We have received your document for HIMAL 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 418A00012838

## CÓVER LETTER

**TO:** Registration Section  
Division of Corporations

Himal LLC

**SUBJECT:** \_\_\_\_\_  
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:

Muna Dahal

Name of Person

Himal LLC

Firm/Company

4251 studio park avenue

Address

Jacksonville, FL, 32216

City/State and Zip Code

dahalm4@gmail.com

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

For further information concerning this matter, please call:

muna dahal

8179954033

at (\_\_\_\_\_)

Name of Person

Area Code &amp; 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.*

**Himal LLC**

1. Name of the limited liability company: Himal LLC  
2. (a) 4251 studio park ave, Jacksonville, FL, 32216 (b) 4251 studio park ave, Jacksonville, FL, 32

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

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

05/02/2017

L17000097088

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:  
UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
13302 WINDING OAK COURT A

Tampa 33612  
FL

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

Muna Dahal

NEW Registered Office Address:  
4251 studio park avenue

jacksonville 32216  
FL

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.

Muna Dahal  
Signature of a member or authorized representative of a member

07/17/18  
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.*

Muna Dahal  
Signature of Registered Agent

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

**FILING FEE: \$25.00**