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(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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PICK-UP	WAIT	MAIL
/D.,	siness Entity Nam	<u> </u>
(Du	siness Endry Nam	ie)
(Do	cument Number)	
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TITUE

COVER LETTER -

Division of Corporations		
SUBJECT: SINGH & SINGH C	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
VANESSA SINGH Name of Person		
Firm/Company		
108 KILKENNY COURT Address	MILLANDSSELVI LOWER	
LONGWOOD, FL 32779 City/State and Zip Code	CREC 18	
SINGISINGFICOSTRUCTION L E-mail address: (to be used for future annu		
For further information concerning this matter, p	please call:	
VANESSA SINGH Name of Person	at (407) 515 0443 . 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	

INHS18 (2/14)

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

(a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Date of filing/registration in Florida	4.	Document number
(a)	VANESSA SINGH		
	Registered Agent and Registered Office shown on the records of the	e Florida Dept. of S	State:
	2021 ORANGE COURT		<u> </u>
	Registered Office Address (MUST BE FLORIDA STREET AL	<u>ODRESS)</u>	
	LONGWOND FL	32179	
(b)	VANESSA SINGH		
	Enter name of NEW Registered Agent and/or NEW Registered O	Office address:	70 m
	108 KILKENNY COURT		
	NEW Registered Office Address:		
		20	
	LONGWOOD, FL	32719	<u> </u>
cha nt/w s/p/e	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of	he registered of bility company, the limited liab	fice and the business office of the registere it is hereby confirmed that the change(s) ility company or as otherwise provided in
77	cles of organization or the operating agreement of the li		
ignat	ure of a member by authorized representative of a member	ATINEDI	A SING H Printed or typed name of signee
eret visto obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he writing of this change.	e to act in this of erformance of t for in Chapter (capacity. I further agree to comply with the ny duties, and I am familiar with and acco 605, F.S. Or, if this document is being file
Pr	UN TU		
hatur	re of Registered Agent		
			hassee, FL 32314

FILING FEE: \$25.00