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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

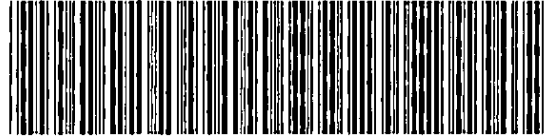
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FEB 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFL Paradise 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:

Rajib Hussain Khan

Name of Person

SFL Paradise LLC

Firm/Company

7667 - A, Lake worth Road

Address

Lake Worth, FL 33467

City/State and Zip Code

crazymarios@gmail.com

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

For further information concerning this matter, please call:

Rajib Hussain Khan

561

294-3062

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2020

RAJIB HUSSAIN KHAN
7667-A LAKEWORTH ROAD
LAKE WORTH, FL 33467

SUBJECT: SFL PARADISE, LLC
Ref. Number: L17000120938

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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

Please return 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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 220A00002801

2020 FEB 11 1:00

**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: SFL Paradise LLC
2. (a) 7667-A, Lake Worth Rd, Lake Worth, FL 33467
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
7667-A, Lake Worth Rd, Lake Worth, FL 33467
- (b) 7667-A, Lake Worth Rd, Lake Worth, FL 33467
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
7667-A, Lake Worth Rd, Lake Worth, FL 33467
3. 06/02/2017 Date of filing/registration in Florida
4. L17000120938 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Amarender R Nagireddy
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
9037 Dupont Place
Wellington, FL 33414
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Rajib Hussian Khan
NEW Registered Office Address:
7667- A Lake worth Rd
Lake Worth, FL 33467

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.

Rajib Hussian Khan

Signature of a member or authorized representative of a member

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 of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**

2018 JUN 21 AM 8:33