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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
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(Document Number)							
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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: SHRI SIDDHIVINAYAKA FOODS, 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:

VITAYNEDER SANGOMOLA BHOJI

Name of Person

SHRI SIOO HIVINAYAKA FOODS, LL C

16105 Colchester Palms Dr Address

Tampa FLorida 33647
City/State and Zip Code

Vijjoreddy. S@gmail. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vijayneder Sangonalableji at (618) 303 5505

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

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.

1. Na	ame of the limited liability company: SHRI SI	ODIVI	NAYAKA	FOODS L	-LC		
2. (a)	Principal office address of limited liability company:	(b		colchest ailing address of			
	Tampa Florida 33647			(Note: MAYBE	_	<u>ice bo:</u> 	Ŋ
2	04/18/2017			001932			
3. 5. (a)	Date of filing/registration in Florida UNITED STATES CORPORATION Registered Agent and Registered Office shown on the records of		TS,INC	Ocument nun	nber		
	Registered Office Address (MUST BE FLORIDA STREET 13302 WINDING OAK COURT	ADDRESS	7				
	TAMPA , FI	3361	2		2115 2138	-20 19-J	<u>ئ</u> نــ
(h)	Enter name of NEW Registered Agent and/or NEW Registered VIJAYNEDER SANGOMOLA BHOJ	_	<u>iress</u> :		**************************************	#24-P#	
	NEW Registered Office Address: 16105 COLCHESTER PALMS OR.					3:54	
		_336	47				
he chai agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members called the organization or the operating agreement of the	f the regist ability consof the limited li	tered office at mpany, it is h ted liability c ability compa	nd the busine ereby confirm company or as any.	ess office of ned that the s otherwise	the reg	pistered e(s) ed in
Signat	ure of a member or authorized representative of a member	<u> 117</u>	AYNEOGR	rinted or typed n	moLA B	100H	
provisio he obli o mere iotified	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to act performa d for in C hereby co.	in this capaci ince of my du hapter 605, F nfirm that the	ty. I further a ties, and I am E.S. Or, if this I limited liabi	agree to con familiar wi s document lity compan	mply wi ith and is bein iy has b	ith the accept g filed oven
Vùc Signatur	e of Registered Agent						