## 117000217309

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(//0	arcasy	
(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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**B FIGUEROA** 

DEC 27 2017



November 29, 2017

RAJKUMAR TEWANI 7 TRAPPINGWAY PLEASANTVILLE, NY 10018

SUBJECT: SATYA REAL ESTATE HOLDINGS LLC

Ref. Number: L17000217309

We have received your document for SATYA REAL ESTATE HOLDINGS 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):

The designation of the registered agent must be at a Florida street address.

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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 317A00024103

## **COVER LETTER**

TO: Registration Section Division of Corporations		
Subject: Satya Real Estate Holding L	.LC	
	ne of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change ai	nd fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to th	ne following:
Rajkumar Tewani		
Name of Person		<del></del>
Satya Real Estate Holding Llc		
Firm/Company		<del></del>
7 trappingway		
Address		
Pleasantville, New York, 10018		
City/State and Zip Code		<del></del>
rtew1@aol.com		
E-mail address: (to be used for future ann	ual report no	tification)
For further information concerning this matter.	please call:	
RajKumar Tewani	914 at (	564-6950
Name of Person		Area Code & Daytime Telephone Number
Registration SectionRegDivision of CorporationsDiviClifton BuildingP.O.		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
Enclosed is a check for the following	amount:	
\$25 Filing Fee	۵	\$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.

l. Na	me of the limited liability company: Satya Real Es	state H	lolding Llc					
2. (a)	150 Douglas ave	(	(b) same as office address					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del> `		Mailing address (Note: MAY	of limited liabili BE POST OFF			
	Altamonte Springs							
	Florida,32714	_						
	10/19/2017		L170002	17309				
3. 5. (a)	Date of filing/registration in Florida Rajkumar Tewani	4.		Document n	umber			
. (u)	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept, of Stat	<u>-</u> e:				
	Registered Office Address  150 Douglas Ave	DDRES	<u>S)</u>	-				
	Altamonte Springs,	32714		_	AND REC	<u> </u>		
(b)	RajKumar Tewani  Enter name of NEW Registered Agent and/or NEW Registered Office address:			LED  26 M 8 16  SKE, FLORIDA				
	NEW Registered Office Address:		· · ·	_	, <b>4</b> () /			
		33		-				
the cha agent w was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless by organization or the operating agreement of the less of the	the reg bility c f the lir	istered offic- ompany, it i nited liabilit	e and the busi is hereby conf iy company or	iness office of firmed that the	f the registered e change(s)		
Signat	ture of a member or authorized representative of a member		KAJK	Printed or type	TEWAN	<u>)</u>		
I herel provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete i igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in scriting of this change	perforn	t in this cap rance of my	pacity. I furth duties, and I	er agree to ca am familiar w	omply with the with and accep		

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

Signature di Registered Agent

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2. (	a)	150 Douglas ave		(b) same as	s office addre	ess		
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	,	Mailing address of (Note: MAYB)			
		Altamonte Springs						
		Florida,32714	_			_		
		10/19/2017		L1700021	17309			
3.		Date of filing/registration in Florida	4.		Document nur	mber		,
5. (	(a)	Rajkumar Tewani						
<b>J</b> . ,	(4)	Registered Agent and Registered Office shown on the records of the	he Flori	da Dept, of State	- e:			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>SS)</u>	-			
		150 Douglas Ave						
		Altamonte Springs,	3271	 4	_			
		, FL_		·	-	異器	155	
(	b)	RajKumar Tewani					<u></u>	
(	0,	Enter name of NEW Registered Agent and/or NEW Registered (	Office a	iddress:	-	表示	DEC 2	<u> </u>
							26	ान [ः हुके)
					_	111 (A)	產	25
		NEW Registered Office Address:				2	ф	
		2890 Dovero	da le	· CT	_	3	6	
		- Wellington .FL	32	<u> 414.</u>	_			
If th	e li	imited liability company is not organized under the law	's of th	ne State of Flo	orida it is here	hy conf	irmec	that after
the o	cha	inge or changes are made, the Florida street address of the	the reg	gistered office	e and the busin	ess offic	ce of	the registered
ager was	it w /we	vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of	bility f the li	company, it i mited liabilit	s hereby confir v company or a	rmed tha as other	it the wise i	change(s) provided in
the a	arti	cles of organization or the operating agreement of the l	limited	l liability con	npany.			pro / 1000 iii
		fallougi		MJK	Printed or typed	Tew	301	<u></u>
	_	ture of a member or authorized representative of a member			• • •			
prov the d to m	visi obli iere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely feflect a change in the registered office address. I h I in writing of this change.	ee to a perfor I for in ereby	ict in this cap mance of my i Chapter 60: confirm that	acity. I further duties, and I a 5. F.S. Or, if th the limited liat	r agree m famili his docu bility co	to coi ar wi ment mpan	nply with the ith and accep is being filed y has been

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Signature of Registered Agent