17000218404

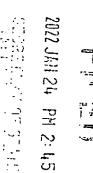
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(City/State/Zip/Phone #)			
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, ,			
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SECRETARY OF STATE TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2021

NITIN BUTALA 7769 COLLINS GROVE RD. JACKSONVILLE, FL 32256

SUBJECT: NEW BERLIN HOLDINGS, LLC

Ref. Number: L17000218404

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 021A00028930

Querida R Silas Regulatory Specialist II

www.sunbiz.org



TO:	Registration Section Division of Corporations		
SUBJE	CCT: Name of Lim	erlin holdings LLC ited Liability Company	
Dear Si	r or Madam;	U	
		ro and for (a) and anhante of the filling	
	closed Registered Agent/Registered Office Chang	-	
Please i	return all correspondence concerning this matter	to the following:	
	Nitin Butala Name of Person	<u> </u>	
	New Borlin Holdings	LLC	
	7769, Colline Grove	nd nd	
Jacksonulle F1-3225.6 City/State and Zip Code			
Ē.	ncw boslin holdings U	Cognail.com	
	her information concerning this matter, please ca		
	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	

1NHS18 (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. Name of the limited liability company: New Serli	n Holdings LIC
2. (a) 7769, (olling Grave Rd (b) 7	7-69, (ollin Greeld
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) JOHCASY VILLE FI 32256	(Note: MAY BE POST OFFICE BOX)
JOHOSTVILLE FISCUSS	18 00-2010
16/23/2017	L17000218404
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 th	
Registered Agent and Registered Office shown on the records of the Florida Dept. of	of State:
Gaurov Ichaon (116 h	100 C
Registered Agent and Registered Office shown on the records of the Florida Dept. of the Flori	N Phe CC)
2/559 Swillan 101123-52	
Jacksonille # .FL 3225	<u> </u>
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address:</u>	FORETANA TANA
Nitin Butala	ECRETAND STA
NEW Registered Office Address:	Rel F
7769 Colline Goive	Kel 5
7769 Colline Gove 1 Dacksonlle FL 322	<u>56</u>
If the limited liability company is not organized under the laws of the State change or changes are made, the Florida street address of the registered offi agent will be identical. Or, in the case of a Florida limited liability compan was/were authorized by an affirmative vote of the members of the limited lithe articles of organization or the operating agreement of the limited liability	of Florida, it is hereby confirmed that after the ice and the business office of the registered y, it is hereby confirmed that the change(s) iability company or as otherwise provided in a company.
Signature of a member or authorized representative of a member	Nin Butale Printed or typed name of signee
to the second continue	is agreed to I further garge to comply with the
I hereby accept the appointment as registered agent and agree to act in thi provisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapte to merely reflect a change in the registered office address, I hereby confirm notified in writing of this change	Stapactives, and I am familiar with and accept of 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signature of Registered Ages	