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COVER LETTER

TO: Registration Section Division of Corporations		
Ayushi Baits LLC		
· · · · · · · · · · · · · · · · · · ·	e of Limited L	iability 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:
Joseph Leak		
Name of Person		_
BetterLegal Solutions LLC		
Firm/Company		
1003 Rio Grande Street		
Address		
Austin, Texas 78701		
City/State and Zip Code		_
joey@betterlegal.com		
E-mail address: (to be used for future annu-	ual report notif	fication)
For further information concerning this matter,	please call:	
Joseph Leak	512 at (580-5014
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	Ro Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 illahassee, Florida 32314
Enclosed is a check for the following	amount:	
2 \$25 Filing Fee	□ s	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

rioria				
1. N	lame of the limited liability company: Ayushi Baits	LLC		
			b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing ad	dress of limited liability company: MAY BE POST OFFICE BOX)
	640 E Ocean Ave Ste 20		640 E Ocean A	ve Ste 20
	Boynton Beach, FL 33435		Boynton Beach	, FL 33435
	January 22, 2018		L18000018885	
3.	Date of filing/registration in Florida	4.	Docume	ent number
5. (a)			
`	Registered Agent and Registered Office shown on the records of Adm Arif	of the Florid	la Dept. of State:	. 3. 8
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	<u></u>	哥哥
	640 E Ocean Ave Ste 20			FIB-5 M
	Boynton Beach , F	33435	5	
	, ,	ł <u></u>		
(b)	Enter name of NEW Registered Agent and/or NEW Registered			₩ 25
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ddress:	
	Adm Arif			
	NEW Registered Office Address:			
	3858 Victoria Drive			
	West Palm Beach	:L_33406	<u> </u>	
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the reg liability of of the line limited	istered office and the company, it is hereby nited liability compa	business office of the registered confirmed that the change(s) ny or as otherwise provided in
Sign	ature of a member or authorized representative of a member		Printed o	or typed name of signee
provis the ob to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple pligations of my position as registered agent as provid rely reflect a change in the registered office address, ed in writing of this change.	gree to a le perfori led for in I hereby	ct in this capacity. I j nance of my duties, a Chapter 605, F.S. C confirm that the limit	further agree to comply with the nd I am familiar with and accept Or, if this document is heing filed ed liability company has been

Signature of Registered Agent

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: MAX BE POST OFFICE BOX)
	640 E Ocean Ave Ste 20		(640 E	Ocean Ave Ste 20
	Boynton Beach, FL 33435			Boynto	on Beach, FL 33435
	January 22, 2018		L	18000	018885
	Date of filing/registration in Florida	4.		,	Document number
(a)					
	Registered Agent and Registered Office shown on the records o	the Flor	rida I	Dept. of S	inte:
	Adm Arif				₹ A S 78
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> 640 E Ocean Ave Ste 20	<u>ADDRE</u>	<u>(SS)</u>		EB FEB
					THUT D
	Boynton Beach , F.	3343	5		
					AN ID: 2
					2 7
(b) .					
	Enter name of NEW Registered Agent and/or NEW Registere	Office	addr	·ess:	P 25
	Enter name of NEW Registered Agent and/or NEW Registered Adm Arif	Office	addr	<u>ess</u> :	RIDA
		d Office	addr	ess:	F 25
	Adm Arif	l Office	addr	est:	RIDA
	Adm Arif NEW Registered Office Address: 3858 Victoria Drive			ess:	RIDA
	Adm Arff NEW Registered Office Address: 3858 Victoria Drive West Palm Beach , F	3340)6		— ·
e lin chan it wi	Adm Arif NEW Registered Office Address: 3858 Victoria Drive	ws of the relability of the 1	he Segistr	itate of ered off	Florida, it is hereby confirmed that after fice and the business office of the registe it is hereby confirmed that the change(s) illity company or as otherwise provided it
e lin chan it wi	Adm Arif NEW Registered Office Address: 3858 Victoria Drive West Palm Beach nited liability company is not organized under the lage or changes are made, the Florida street address of libe identical. Or, in the case of a Florida limited le authorized by an affirmative vote of the members	ws of the reinbility of the letimite	he Segiste	itate of ered off apany, ed liab	Florida, it is hereby confirmed that after fice and the business office of the registe it is hereby confirmed that the change(s) illity company or as otherwise provided it
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e linchan twi were tricl	Adm Arif NEW Registered Office Address: 3858 Victoria Drive West Palm Beach nited liability company is not organized under the large or changes are made, the Florida street address of libe identical. Or, in the case of a Florida limited le authorized by an affirmative vote of the members less of organization or the operating agreement of the accept the appointment as registered agent and ages of all statutes relative to the proper and complete actions of my position as registered agent as provided of reflect a change in the registered office address. If	ws of t f the re lability of the l	he Segistr	itate of ered off apany, ed liab	Florida, it is hereby confirmed that after fice and the business office of the registe it is hereby confirmed that the change(s) ility company or as otherwise provided i company. Manager and Member Printed or typed name of signee

FILING FEE: \$25.00