

118000018885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900308406089

02/05/18--01018--016 **25.00

FILED
18 FEB -5 AM 10:25
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ayushi Baits 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:

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 annual report notification)

For further information concerning this matter, please call:

Joseph Leak

Name of Person

at (512)

580-5014

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

**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: Ayushi Baits LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

640 E Ocean Ave Ste 20

640 E Ocean Ave Ste 20

Boynton Beach, FL 33435

Boynton Beach, FL 33435

January 22, 2018

L18000018885

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 State:

Adm Arif

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

640 E Ocean Ave Ste 20

Boynton Beach, FL 33435

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Adm Arif

NEW Registered Office Address:

3858 Victoria Drive

West Palm Beach, FL 33406

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.

Adm Arif, Manager and Member

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

FILED
18 FEB -5 AM 10:25
TALLAHASSEE, FLORIDA

**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: Ayushi Baits LLC

2. (a) _____
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

640 E Ocean Ave Ste 20
Boynton Beach, FL 33435

(b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

640 E Ocean Ave Ste 20
Boynton Beach, FL 33435

January 22, 2018

3. _____
Date of filing/registration in Florida

L18000018885

4. _____
Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Adm Arif

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

640 E Ocean Ave Ste 20

Boynton Beach, FL 33435

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Adm Arif

NEW Registered Office Address:

3858 Victoria Drive

West Palm Beach, FL 33406

FILED
18 FEB -5 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Adm Arif
Signature of a member or authorized representative of a member

Adm Arif, Manager and Member

Printed or typed name of signer

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.

Adm Arif
Signature of Registered Agent

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

FILING FEE: \$25.00