## L18000022151

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## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	DIR INVESTMENTS LLC					
		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this ma	atter to the following:				
DHAN	NRAJ SUKHRAJ					
	Name of Person					
DIR II	NVESTMENTS LLC					
	Firm/Company					
23249	9 BARWOOD LANE NORTH APT 208	3				
	Address					
BOCA	A RATON, FLORIDA 33428					
	City/State and Zip Code					
danny	y.sukhraj@outlook.com					
E	-mail address: (to be used for future annual i	report notification)				
For fur	ther information concerning this matter, plea	ise call:				
DORA	A MESA	954-478-3035				
	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	S55 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. N	lame of the limited liability company:	MENTS	LLC	
2. (a)	23249 BARWOOD LANE NORTH APT 208		, SAI	ME
<b>2.</b> (u,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	JANUARY 24,2018  Date of filing/registration in Florida	- - 4.	 L180	000022151 Document number
5. (a	、DHANRAJ SUKHRAJ			
(u	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRES:	<u>S)</u>	
	23249 BARWOOD LANE NORTH APT 208			<del></del>
	BOCA RATONFL	33428		D
(b)	DMG SERVICES INC			SECRE 18 FEB
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress;	FILED OF CORPC
	NEW Registered Office Address:			—— ORA. TA
	255 N FEDERAL HWY			<b>45</b>
	BOCA RATON FL	33432		
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regi bility co f the lin	stered ompan nited li	office and the business office of the registered by, it is hereby confirmed that the change(s) lability company or as otherwise provided in
	Shamay Suthray	DH	ANRA	AJ SUKHRAJ
-	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete policions of my position as registered agent as provided rely reflect a change in the registered office address. I have the control of the change	ee to ac perform I for in ( pereby c	t in thi ance of Chapte onfirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signal	ure of Registered Agent			

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