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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: ADARSH ARATIKATLA PROPERTIES 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:					
Naveena Aratikatla Name of Person					
Adarsh Aratikatia Properties LLC Firm/Company					
7662 Coosstvee Lane Address					
Jacksonville Flosida 32256 City/State and Zip Code					
Setty 31 @ hotmail.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Naveena Arati Katla a1 (904) 534-0620					
Name of Person Area Code & Daytime Telephone Numbe					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
\$25 Filing Fee \$25 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	ame of the limited liability company: Adaysh	Ava	tikatla	Properties LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)_	Mailing a	ddress of limited liability company: MAY BE POST OFFICE BOX)
	Jacksonville FL 32256	 	Jackson	MILE FL 32256
	Feb 9th 2018	. <u> </u>	L1800	oo o 3 5 60 3
3.	Date of filing/registration in Florida	4. ento	Docun	nent number
5. (a)	United States Corporation	Inc		
(-,	Registered Agent and Registered Office shown on the records of the	1		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	13302 Winding Oak Cour	+		
	13302 Winding Oak Cour	221		18
	- lampa	236	12_	MAR
(1.)	Naveena Aratikatla			÷ 70
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office addre		ஜ் ம
				AH 9: 4
	NEW Registered Office Address:		_ 	6
	7662 Crossivee Lane			3*
	Jacksonville, FL	<u> </u>	56_	
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registe bility com f the limite	red office and the pany, it is hereby and liability comp	e business office of the registered y confirmed that the change(s)
1)	Value en Arasi brite	7	Javeena	AratiKaHa
Signa	nture of a member or authorized representative of a member		Printed	or typed name of signee
! here provis the ob-	by accept the appointment as registered agent and agre ions of all statules relative to the proper and complete p ligations of my position as registered agent as provided you reflect a change in the registered office address. I h	e to act in performan for in Ch	this capacity. In this capacity. In the control of	further agrec to comply with the and I am familiar with and accept Or, if this document is being filed lifed lightliv company has been

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

Signature of Registered Agent