

LIB000069806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

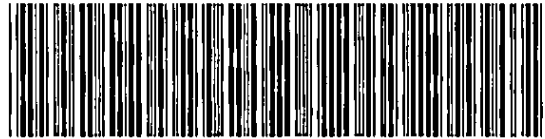
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2018 OCT 22 AM 9:21

FILED

OCT 26 2018
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2018

ANIL SHARMA
THIRD EYE PROPERTIES LLC
300 S. POINTE DR., #2104
MIAMI BEACH, FL 33139

SUBJECT: THIRD EYE PROPERTIES LLC
Ref. Number: L18000069806

We have received your document for THIRD EYE PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 518A00019127

FILE
OCT 22 P. 11:10
11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Third Eye Properties

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:

Anil Sharma

Name of Person

Third Eye Properties LLC

Firm/Company

300 S Pointe Dr. #2104

Address

Miami Beach, FL 33139

City/State and Zip Code

anilsharma1000@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anil Sharma

732

4473019

at (_____) _____

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

☐ \$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.

Third Eye Properties LLC

1. Name of the limited liability company: <u>Third Eye Properties LLC</u>	
2. (a) <u>300 S Pointe Dr #2104</u> Principal office address of limited liability company. <i>(Note: MUST BE STREET ADDRESS)</i> <u>Miami Beach, FL 33139</u>	(b) <u>300 S Pointe Dr #2104</u> Mailing address of limited liability company. <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Miami Beach, FL 33139</u>
<u>03/19/2018</u>	<u>L18000069806</u>

3. <u>03/19/2018</u> Date of filing/registration in Florida	4. <u>L18000069806</u> Document number
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5. (a) Anil Sharma
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
450 Alton Road #1510

Miami Beach 33139
_____, FL _____

Anil Sharma

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

NEW Registered Office Address:
300 S Pointe Dr. #2104

Miami Beach 33139
_____, FL _____

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2018 OCT 22 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Pragati G Sharma
Signature of a member or authorized representative of a member

ANIL K SHARMA
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.

Pragati G Sharma
Signature of Registered Agent

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