

L18000086203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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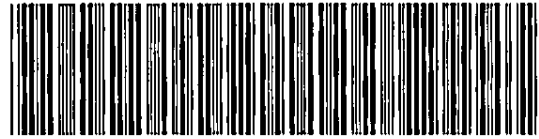
(Business Entity Name)

(Document Number)

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2018 NOV 16 P 11:01

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWO POSITIVE, 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:

SOOKRANI NARAIN

Name of Person

TWO POSITIVE, LLC

Firm/Company

PO BOX 265

Address

GOTHA, FL. 34734

City/State and Zip Code

SATTIE.NARAIN@GMAIL.COM

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

For further information concerning this matter, please call:

SOOKRANI NARAIN

at (954) 303-1110

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

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2019 NOV 16 P 11:01

**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: TWO POSITIVE, LLC

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

12819 BUTLER BAY COURT

WINDERMERE, FL. 34786

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

PO BOX 265

GOTHA, FL. 34734

APRIL 05 2016

L18000086203

3. Date of filing/registration in Florida

4. Document number

5. (a) SOOKRANI NARAIN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

239 COMMERCIAL BLVD. 200

LAYDERDALE BY THE SEA, FL 33308

(b) SOOKRANI NARAIN

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

12819 BUTLER BAY COURT

WINDERMERE, FL 34786

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.

Signature of a member or authorized representative of a member

SOOKRANI NARAIN

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

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

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