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## COVER LETTER

TO: Registration Section Division of Corporations

Newman Mathura Law PLLC

SUBJECT:

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:

Rani Newman Mathura

Name of Person

Newman Mathura Law PLLC

Firm/Company

631 US Highway 1. Suite 410

Address

North Palm Beach, Florida 33408

City/State and Zip Code

ruth@newmanmathuralaw.com

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

For further information concerning this matter, please call:

Rani Newman Mathura	561 899-7014 at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	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	\$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.

	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(0)	Mailing address of limited fiability company ( <u>Note: MAY BE POST OFFICE BOX</u> )
	5/03/2018	L180	000112272
-	Date of filing/registration in Florida	4.	Document number
(a)	Rani Newman Mathura		
	Registered Agent and Registered Office shown on the records 1220 Gulfstream Way	s of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRESS)</u>	TA::: 201
	Riviera Beach	FL_33404	ALLANASS
h)			SSEE
· / _	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	red Office address:	
	Newman Mathura Law PLLC		L 30 PU 2: 42
	<u>NEW</u> Registered Office Address:		
	631 US Highway 1, Suite 410		
	North Palm Beach	FL 33408	
char nt w /wei	mited liability company is not organized under the age or changes are made, the Florida street address fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member ples of organization or the operating agreement of the	s of the registered I liability company rs of the limited li	office and the business office of the regis iy, it is hereby confirmed that the change( iability company or as otherwise provided
			wman Mathura

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.

KUMULLC Signature of Registered Agent LUNN

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

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