

L18000134601

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE PARIKH CONSULTING GROUP, LLC

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K. SALY
AUG 27 2018



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Name: Taylor Seay

Email: tseay@capitol-services.com

Fax No: 800-432-3622

Voice No: 855-498-5500

Subject:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parikh Consulting Group, 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:

Elizabeth Steff

Name of Person

Venable LLP

Firm/Company

750 E. Pratt Street, 9th Floor

Address

Baltimore, Maryland 21202

City/State and Zip Code

efsteff@venable.com

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

For further information concerning this matter, please call:

Elizabeth Steff

at (

410-528-4643

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

JNHS18 (2/14)

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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: Parikh Consulting Group, LLC
2. (a) 11081 Conistone Way
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Windermere, Florida 34788
- (b) 11081 Conistone Way
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Windermere, Florida 34788

3. 5/31/2018
Date of filing/registration in Florida
4. L18000134601
Document number

5. (a) Jiten Parikh
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
6167 Grosvenor Shore Drive
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

Windermere FL 34788

- (b) Jiten Parikh
Enter name of NEW Registered Agent and/or NEW Registered Office address:

11081 Conistone Way

NEW Registered Office Address:

Windermere FL 34788

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.

Jiten Parikh

[Signature]
Signature of a member or authorized representative of a member

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]
Signature of Registered Agent

Division of Corporations P.O. Box 63279 Tallahassee, FL 32314
FILING FEE: \$36.00

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