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COVER LETTER

то:	Registration Section Division of Corporations		·	
SUBJ	AMERICAN CHEM-TEK LL	С		
3000		ne of Limited L	iability Company	
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered Oft	ice Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the	following:	
Raje	sh Chhelavda			
•	Name of Person	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	
AME	RICAN CHEM-TEK LLC			
	Firm/Company			
6735	Conroy Rd #317			
	Address	•	_	
Orlai	ndo FL 32812			
	City/State and Zip Code			
ame	ricanchemtek@gmail.com			
-	E-mail address: (to be used for future ann	nual report notif	ication)	
For fu	orther information concerning this matter	, please call:		
Raje	sh Chhelavda	760	7092220	
	Name of Person	(Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	M	AILING ADDRESS:	
	Registration Section		gistration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	1 3	Illahassee, Florida 32314	
	Enclosed is a check for the following	g 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.

	6735 Conroy Rd #317	P (O Box 622476		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Orlando FI 32835	Orl	lando FI 32862		
	07/02/2018		000160908		
3.	Date of filing/registration in Florida		Document number		
	Raiesh Chhelavda	1.	Dictation Harros		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET 7900 DAETWYLER DR	<u>'ADDRESS)</u>			
	ORLANDO, , F	L32812			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Rajesh Chhelavda	d Office address:	Y OF SEE		
	NEW Registered Office Address:				
	6735 Conroy Rd # 317		23		
	Orlando, Fi	L_32835			
the cha agent v was/we the arti-	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members seles of organization or the operating agreement of the ture of a member or authorized representative of a member obvious of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. I	aws of the State of the registered iability compa of the limited e limited liabil Rajesh	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Chhelavda Printed or typed name of signee his capacity. I further agree to comply with the		

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

Signature of Registered Agent