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Division of Corporations

Fax Number : (850) 517-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062

Phone : (323) 962-8600

Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please: \*\* \*\* \*\*

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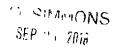
## LLC REGISTERED AGENT CHANGE MINAL SAMPAT LLC

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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 Itability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	me of the limited liability company: MINAL SAME	'AT LLC			
(#)	100 Wallace Avenue, Suite #380	(b)	100 Wallace Avenue Suite #380		
(4)	Principal office address of limited liability company: (Note: MISSY BE SYREET ADDRESS)	Mailing ackbress of limited hability company: (Note: MAY BE POST OFFICE BOX)			
	Sarasota, FL 34233 Sarasota			, FL 34233	
	07/10/2018		1800016	6814	
	Date of filing/registration in Florida	4.	[	Document number	
(a)	Jameson Vicars				
•••,	Registered Agent and Registered Office shown on the records of t	ept. of State:			
	100 Wallace Avenue, Suite #380		3 To 10 To 1		
	Registered Office Address (MUST BE FLORIDA STREET.)		SEP		
	Sarasota ,FL		LE 25		
(D)	UNITED STATES CORPORATION AGENTS		至		
	Fater name of NEW Registered Agent and/or NEW Registered	Office adds	æ:		
	13302 WINDING OAK COURT, SUITE A		<i>ک</i> را		
	NEW Registered Office Address:				
	TAMPA FL	33612			
e chi zent v aszw	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of idea of organization or the operating agreement of the	ws of the S the regist ability cor of the limi limited li	ered office npany, it is see liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
	aute of a member or millionized representative of a member			Printed or typed name of signee	
	by accept the appointment as registered agent and agins of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, 1 d in writing of this change.  CHEY-NNE MUSILLEY, ASSISTANT SECRETAR STATES COMMUNICIAN AGENTS, INC.		in this capa nce of my a havter 605, nfirm that t	ncity. I further agree to comply with the luties, and I am jamiliar with and accept F.S. Or, if this document is being filed he itmited liability company has been	
- Three Co	yillof Registered Agent  Division of Computations P.O.	Rox 6327:	Tallahae	see, FL 32314	

FILING FEE: \$25.00

DHS 18 (2/14)