1190000 93620

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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MAY 20 2019

S. YOUNG



COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	NADIA DAYCARE, LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and fo	ee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fo	ollowing:			
NADI	A HARRIPERSAUD					
	Name of Person		_			
NADI	A DAYCARE, LLC					
	Firm/Company		-			
1407	SW 83RD AVENUE					
	Address	•	_			
NORTH LAUDERDALE, FLORIDA 33068-3522						
	City/State and Zip Code		-			
_Da	dia h 1407 egmail - Co	οιγη nual report notific	artion)			
For fur	ther information concerning this matter,	please call:				
NADI	A HARRIPERSAUD	754 at (971-3737			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Regi Divis	ILING ADDRESS: stration Section sion of Corporations Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Talla	nhassec, Florida 32314			
	Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

INHS18 (2/14)

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. N	ame of the limited liability company: NADIA DAYO	CARE, LLC			
2. (a)		(b)			
` `	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1407 SW 83RD AVENUE	1407 S	W 83RD AVENUE		
	NORTH LAUDERDALE, FL 33068	NORTH	LAUDERDALE, FL 33068		
	APRIL 4TH, 2019	L190000	93620		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	BROWN & ASSOCIATE, P.A.				
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:				
	Registered Office Address (MUST BE FLORIDA STREET	_			
	934 N. UNIVERSITY DR. STE. NO. 347				
	CORAL SPRINGS . FI	33071	- - -		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1 Office address:			
	NADIA HARRIPERSAUD		- -		
	NEW Registered Office Address:		_		
	1407 SW 83RD AVENUE		_		
	NORTH LAUDERDALE , FI	33068-3522			
the cha agent was/w the art	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the unit of a member or authorized representative of a member	ws of the State of Fl f the registered offic iability company, it of the limited liabili climited liability con	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d'in writing of this change.	e performance of my	pacity. I further agree to comply with the duties, and I am familiar with and accept		