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(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
(Only State Zight Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations					
SUBJECT: KESAV INVESTMENT, L	LC				
	of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
Name of Person					
KESAV INVESTMENT, LLC					
Firm/Company					
7901 4th St N, STE 300					
Address					
St. Petersburg, FL 33702					
City/State and Zip Code					
kesavinvestment@gmail.com	· · · · · · · · · · · · · · · · · · ·				
E-mail address: (to be used for future annua	il report notification)				
For further information concerning this matter, pl	łease call:				
Tom Glover					
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301					
Enclosed is a check for the following a	mount:				
□ \$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.

1. Na	ume of the limited liability company: KESAV IN	VES	ΓΜΕΝΤ,	LLC		
2. (a)		1	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)			
	2109 Commercial Way		7901 41	th St N STE	300	
	Spring Hill FL 34606		St. Pete	rsburg FL 33	3702	
	April 12, 2019		L19000	102027		
3.	Date of filing/registration in Florida	- 4.		Document nu	ımber	
5. (a)	Rajdip Patel					
J. (a)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Stat	– e:		
	2109 Commercial Way					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	_		19
	Spring Hill				;- ;- ;-	
		3.	4606	.	: .	8 :-
	, FI		+606	_	•	
(b)	Northwest Registered Agent LLC					39 17
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	-		و: و:
	7901 4th St N				` -	50
	NEW Registered Office Address:		_	-		
	STE 300			_		
	St. Petersburg	3370	2	_		
the cha agent v was/we the arti	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the reg ability c of the lir	istered offic ompany, it i nited liabilit	e and the busing shereby configure or company or npany.	ness offici irmed that as otherw	e of the registered the change(s)
Signat	Rajdip Patal Signature of a member or authorized representative of a member			Printed or typed name of signee		
I herel provisi the obli to mere notified	by accept the appointment as registered agent and agree on sof all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I in writing of the change. The change Glover - Assistance of Registered Agent	perforn d for in hereby c	iance of my Chapter 602 confirm that	acity. I furthe	er agree to im familie	-) comply with the ir with and accept