

L19 000 136918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

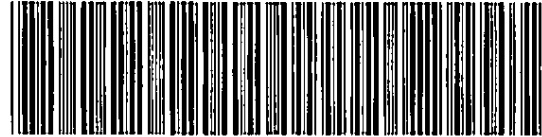
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN -5 PM 3:05

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JUN 22 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NANOTEKKIT APPS 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:

Shahad Choudhury

Name of Person

NANOTEKKIT APPS LLC

Firm/Company

11109 Gainsborough Ct Apt 09

Address

Fairfax VA, 22030

City/State and Zip Code

yarenc@gmail.com

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

For further information concerning this matter, please call:

Shahad Choudhury

703

402-9603

Name of Person

at (

) _____
Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

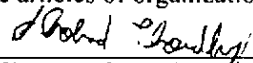
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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.

1. Name of the limited liability company: NANOTEKKIT APPS LLC
2. (a) 9525 Pine Sap Ave.
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Grand FL 32949
- (b) 11109 Gainsborough Ct
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Apt 09
Fairfax VA, 22030
3. 05/21/2019 Date of filing/registration in Florida
4. L19000136918 Document number
5. (a) LEGALINC CORPORATE SERVICES INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5237 SUMMERLIN COMMONS
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
SUITE 400
FORT MYERS, FL 33907
- (b) William Eaton
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
9525 Pine Sap Ave
NEW Registered Office Address:
Grant, FL 32949

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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.

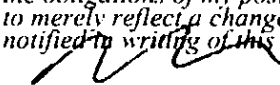


Signature of a member or authorized representative of a member

Shahad Choudhury

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 of Registered Agent