

L20 0000 35880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

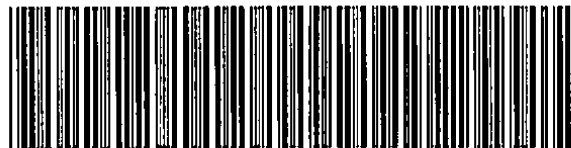
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/21--01013--006 **35.00

201/05/21 PM 14:25

9/9/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP -7 AM 10:57

July 8, 2021

ANJU GARG
5553 HIGHWAY 90
PACE, FL 32571

SUBJECT: NEHA INVESTMENTS LLC
Ref. Number: L20000035880

We have received your document for NEHA INVESTMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 521A00015529

copy

July 8
30
Aug

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEHA INVESTMENTS 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:

Anju Garg
Name of Person

Firm/Company
5553 Hwy 90
Address

Pace FL 32571
City/State and Zip Code

pkarg4@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

P.K. Garg at (850) 982-3592
Name of Person 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

☒ Already paid

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

✓ # 5126 & cashed on

✓ # 5127 ^{or} 6/28/21

**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: NEHA INVESTMENTS LLC

2. (a) 5553 Hwy 90 Pace FL 32571 (b) same
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 01/29/2020 4. L2 0000035880
Date of filing/registration in Florida Document number

5. (a) PURUSHOTTAM GARG
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5553 Hwy 90
Pace, FL 32571

(b) ANJU GARG
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

5553 Hwy 90
Pace, FL 32571

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.

(X) Anju Garg
Signature of a member or authorized representative of a member

ANJU GARG
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.

(X) [Signature]
Signature of Registered Agent