

LZO 000267 225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

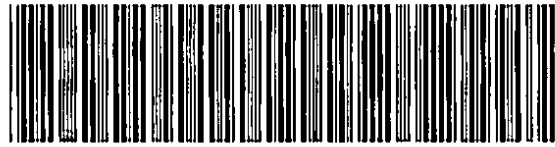
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DR. HARISH 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:

HARISH SADHWANI, MD

Name of Person

DR. HARISH LLC

Firm/Company

8701 US HIGHWAY ONE

Address

SEBASTIAN, FL 32958

City/State and Zip Code

DR.HARISH.SADHWANI@GMAIL.COM

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

For further information concerning this matter, please call:

HARISH SADHWANI

Name of Person

at (772) 473-7533

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.*

Name of the limited liability company: DR. HARISH LLC

(a) _____

Principal office address of limited liability company:

*(Note: **MUST BE STREET ADDRESS**)*

8701 US HIGHWAY ONE

SEBASTIAN, FL 32958

(b) _____

Mailing address of limited liability company:

*(Note: **MAY BE POST OFFICE BOX**)*

8701 US HIGHWAY ONE

SEBASTIAN, FL 32958

08/27/2020

Date of filing/registration in Florida

4.

1.20000267225

Document number

(a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

KOSTA VELIS

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

8701 US HIGHWAY 1

SEBASTIAN, FL 32958

(b) _____

Enter name of NEW Registered Agent and/or NEW Registered Office address:

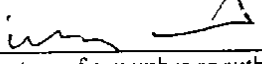
HARISH SADHWANI, MD

NEW Registered Office Address:

8701 US HIGHWAY ONE

SEBASTIAN, FL 32958


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)
as/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

HARISH SADHWANI

Printed or typed name of signee

*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
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

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**