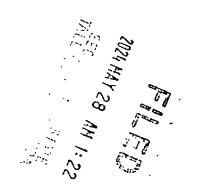


(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of St	atus			
Special Instructions to Filing Officer:				
Wills				
Office Use Only				



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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations						
0.000111 1 0.00	State LLC d Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to t	he following:					
Krunal Patel Name of Person						
Vaani Real Estate LL Firm/Company	<u>C</u> .					
1962 S. Military Tro	<u>ail</u>					
WPB, FL 33415 City/State and Zip Code	·					
E-mail address: (to be used for future annual report no	Diffication)					
For further information concerning this matter, please call:						
Jennie Gigi at (57) 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	\$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.	N	laine of the limited liability company: Vagr	11 Rea	ES	tate LL	C	
2	(a)		(b) _	·	: '		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (0)_	N		mited liability comp	
		1962 S. Military Tra	il .	196	oas. m	hlitaryT	mil
		WPB, FL 33415		WP	B, FL	33415	
		03-08-2021		L:	21000	109050)
3.		Date of filing/registration in Florida	4.	1	Document numb	per _	
5.	(a)	Kyunal Patel Registered Agent and Registered Office shown on the records	s of the Florida De	nt of State	,		
		24104 SF DOWN AN	es Civ	pr. or state	•	2021 TAN	
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	<u> </u>		HA	
						1 28	
		Jupiter,	FL 334	78			TI.
	(b)	Jennie Giri				نيان مارين دم الترد	Control
	(0)	Enter name of NEW Registered Agent and/of NEW Register	ered Office addre	<u>ss</u> :		22 115 _A	
		1962 S. Military Tr	21				
		NEW Registered Office Address:	<u>u </u>			•	
		L. 100	221	11/			
		NV13 : ,	FL 33 ^L	115_			
age wa the	ange ent v is/w e art	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the attree of a member or authorized representative of a member	the registered of d liability comp ers of the limited	office and any, it is d liability	the business of hereby confirmation company or as	fice of the registed that the chang otherwise provides the change of the	ered e(s)
the to to	ovis e obi mer tifie	eby accept the appointment as registered agent and sions of all statutes relative to the proper and completions of my position as registered agent as provely reflect a change in the registered office addressed in vriting of this change.	agree to act in ele performanc ided for in Cha , I hereby confi	this capa e of my d pter 605, rm that ti	city. I further a uties, and I am j F.S. Or, if this he limited liabili	gree to comply w familiar with and document is bein ity company has	oith the laccept ng filed been
٠.١	g .	Division of Corporations • P.	O. Box 6327•	Tallahas:	see, FL 32314	•	

FILING FEE: \$25.00