

h21000491253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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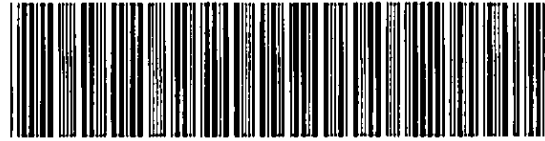
(Business Entity Name)

(Document Number)

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C. BRUMBLEY

DEC 27 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NARAYANA HEALTHCARE ALLIANCE 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:

LISETTE CRESPO

Name of Person

CPA SOLUTIONS INC

Firm/Company

3801 AVALON PARK E BLVD SUITE 350A

Address

ORLANDO, FL 32828

City/State and Zip Code

LISETTE@MYCPASOLUTIONS.COM

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

For further information concerning this matter, please call:

LISETTE CRESPO at (407) 650-9088
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. Name of the limited liability company: NARAYANA HEALTHCARE ALLIANCE LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Note: MUST BE STREET ADDRESS

1571 AURORA ROAD

MELBOURNE, FL 32925

Mailing address of limited liability company:

Note: MAY BE POST OFFICE BOX

2411 BUTLER BAY DR N

WINDERMERE, FL 34786

NOVEMBER 15, 2021

L21000491253

3. Date of filing/registration in Florida

4. Document number

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

PARAMJIT S AHLUWALIA

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

2411 BUTLER BAY DR N

WINDERMERE, FL 34786

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

RUHI A. MICUNEK

NEW Registered Office Address:

1571 AURORA ROAD

MELBOURNE, FL 32935

SECRET
TALLAHASSEE, FL

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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.

PARAMJIT S AHLUWALIA

Signature of a member or authorized representative of a member

Printed or typed name of signer

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

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

FILING FEE: \$25.00