

(Requestor's Name)				
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(City/St	ate/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section
Division of Corporations

DOE, LLC

SUBJECT:	
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Vivek Iyer	
Name of Person	
Firm/Company	
155 Bartram Market Dr #135-267	
Address St Johns, FL 32259	
City/State and Zip Code	
vivek.v77@gmail.com E-mail address: (to be used for future annual re-	port notification)
For further information concerning this matter, please	e call:
Vivek lyer	425 301-9551
Name of Person	Area Code & Daytime Telephone Numbe
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 amou	unt:
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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	OOE, LLC ame of the limited liability company:			
	DOE, LLC		DOE, LL	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 824 Windley Drive	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) am Market Dr. #135-267
	St Augustine, FL 32092	_	St Johns, I	FL 32259
	11/17/2021	_	L2100049	5067
3.	Date of filing/registration in Florida ZENBUSINESS INC.	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the 336 E. COLLEGE AVE.	ie Flori	la Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET A) SUITE 301	DDRE.	SS1	2022 OCT 26 SECRETAR SECRETAR
	TALLAHASSEE 3 FL_	2301		- 17 26 TAR
(b)	Vivek Iyer			AS STATE OF THE SECOND PROPERTY OF THE SECOND
()	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	ddress:	THE STATE OF THE S
	824 Windley Drive			
	NEW Registered Office Address:			_
	St Augustine 3	2092		_
change agent v was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egiste oility c the lii	ed office ar ompany, it i nited liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	ture of a member or authorized representative of a member			Printed or typed name of signee
I here provisi the obt to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete poligations of my position as registered agent as provided of verflect a change in the registered office address. The dim writing of this change. Vivel V Liu	e to ac erforn for in reby c	a in this can	weity. I further waree to comply with the