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COVER LETTER

TO: Registration Section
Division of Corporations

	•
PANCH,	LLC

SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered O	ffice Change a	nd fee(s) are submitted for filing.					
Please return all correspondence concerning to	his matter to th	ne following:					
Vivek lyer							
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 a	nnual report no	otification)					
For further information concerning this matte	er, please call:						
Vivek Iyer	425	301-9551					
	at ()					
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	ng amount:						
□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy					
INHS18 (2/14)							

STÄTEMENT 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.

	me of the limited liability company: PANCH, LLC		PANCH,				
!. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 824 Windley Drive			Mailing address (Note: MA)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) m Market Dr. #135-267		
	St Augustine, FL 32092		St Johns, I	FL 32259			
	11/17/2021		L21000495	5198			
. (a)	Date of filing/registration in Florida ZENBUSINESS INC.	4.		Document r	number		
. (4)	Registered Agent and Registered Office shown on the records of 336 E. COLLEGE AVE.		ida Dept. of Sta	 ite:			
	Registered Office Address (MUST BE FLORIDA STREET SUITE 301	'ADDRE	<u>(SS)</u>	_			
	TALLAHASSEE, F	32301 L		-	202' SE		
	Vivek Iyer				2022 OCT SECRETALLA		
(0)	Enter name of NEW Registered Agent and/or NEW Registered			_	26		
	824 Windley Drive				DCT 26 AH 8		
	NEW Registered Office Address:				8: 24 STATE		
	St Augustine F	32092 L		-			
hange gent w ras/we re arti	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited be authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of the li	ered office ar company, it i imited liabili Hiability cor	nd the busines is hereby con ty company o mpany.	is office of the registered firmed that the change(s) or as otherwise provided in		
{	ure of a member of a uthorized representative of a member		Viv	ok Jy	EF- ed name of signee		
l herel provisie he obli o mere	ure of a member of authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and complete feations of my position as registered agent as provide by reflect a change in the registered office address. If in writing of this change.	ree to a perfor ed for in hereby	ct in this can	aciw. I furth	ver agree to comply with the		