

L21000500996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

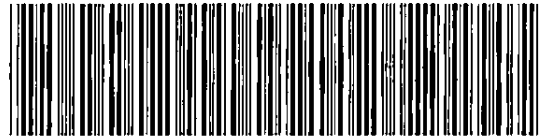
(Document Number)

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08/28/24--0103L--011 **95.00

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2024 AUG 28 PM 3:29
FBI/DOJ

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANOJAVA DYNAMICS 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:

HANUMANTHA NAGINENI

Name of Person

MANOJAVA DYNAMICS LLC

Firm/Company

1151 NW 162ND AVE

Address

PEMBROKE PINES , FL 33028

City/State and Zip Code

NAAGINENI@GMAIL.COM

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

For further information concerning this matter, please call:

HANUMANTHA NAGINENI

Name of Person

786

at ()

7791491

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: MANOJAVA DYNAMICS LLC

2. (a) <u>Principal office address of limited liability company:</u> (Note: MUST BE STREET ADDRESS) <u>1151 NW 162 ND AVE</u> <u>PEMBROKE PINES, FL 33028</u>	(b) <u>Mailing address of limited liability company:</u> (Note: MAY BE POST OFFICE BOX) <u>1151 NW 162 ND AVE</u> <u>PEMBROKE PINES, FL 33028</u>
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3. <u>11/22/2021</u>	4. <u>L21000500996</u>
Date of filing/registration in Florida	Document number

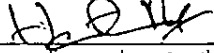
5. (a) BUSINESS FILINGS INCORPORATED
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

(b) HANUMANTHA NAGINENI
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:


NEW Registered Office Address:
1151 NW 162 ND AVE
PEMBROKE PINES, FL 33028

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.


 Signature of a member or authorized representative of a member

HANUMANTHA NAGINENI
 Printed or typed name of signee

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

FILED
 2024 AUG 28 PM 3:29
 TALLAHASSEE, FLORIDA
 STATE SECRETARY OF STATE

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Firm/Company

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Address

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City/State and Zip Code

NAAGINENI@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HANUMANTHA NAGINENI at (786) 7791491
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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(Note: MUST BE STREET ADDRESS)
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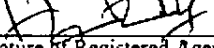
(b) HANUMANTHA NAGINENI
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1151 NW 162 ND AVE
PEMBROKE PINES, FL 33028

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 HANUMANTHA NAGINENI
 Signature of a member or authorized representative of a member Printed or typed name of signee

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