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(Re	equestor's Name)	 		
(Ad	dress)	_ 		
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	ocument Number))		
Certified Copies	_ Certificate	s of Status		
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FILED 2024 AUG 28 PH 3: 2

COVER LETTER

	Registration Section Division of Corporations		
SUBJE	MANOJAVA DYNAMICS LLC		
.,		lame of Limited Li	lability Company
Dear Sir	or Madam:		
The encl	losed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to the	following:
HANUM	IANTHA NAGINENI		
	Name of Person		_
MANOJ	AVA DYNAMICS LLC		
	Firm/Company		_
1151 NV	V 162ND AVE		
	Address		_
PEMBR	OKE PINES, FL 33028		
	City/State and Zip Code	,	_
NAAGII	NENI@GMAIL.COM		
E-1	mail address: (to be used for future a	nnual report notifi	cation)
For furth	ner information concerning this matt	er, please call:	
HANUM	IANTHA NAGINENI	786 at (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: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the followi	ng amount:	
!	S25 Filing Fee	■ \$5	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.	Na	me of the limited liability company: MANOJAVA DY	NAMIC	CS —	LLC	
2.	(a)		_ ((b)	I	
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1151 NW 162 ND AVE			1151 NW	162 ND AVE
		PEMBROKE PINES, FL 33028	_		PEMBRO	OKE PINES, FL 33028
		11/22/2021		}	_21000500	996
3.		Date of filing/registration in Florida	4.	-		Document number
5.	(a)	BUSINESS FILINGS INCORPORATED				
		Registered Agent and Registered Office shown on the records of the				
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	55)		
		1200 SOUTH PINE ISLAND ROAD	_			2021
		PLANTATION , FL	33324			A A
	(b)	HANUMANTHA NAGINENI				FILED 2024 AUG 28 PH
		Enter name of NEW Registered Agent and/or NEW Registered (Office a	dd	ress:	ု <u>(၄</u> မွှ (၂) ၁
		NEW Registered Office Address:				~ o
		1151 NW 162 ND AVE				_
		PEMBROKE PINES, FL_	33028			_
cha age wa:	inge int v s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register cility of the linited	re oi mi	l office an npany, it i ted liabilit ability cor	of the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
			H.A	15	UMANTH	A NAGINENI
I h pro the to i not	erel visi obli nere ified	ture of a member of authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete the provided of this change.	re to ac perforn for in ereby c	et i na C coi	n this cap nce of mv hapter 60: nfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

COVER LETTER

TO: Registration Section Division of Corporations	
MANOJAVA DYNAMICS LLC SUBJECT:	
	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	ne 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 no	tification)
For further information concerning this matter, please call:	
HANUMANTHA NAGINENI 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: 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
INHS18 (2/14)	

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1.	Na	ame of the limited liability company: MANOJAVA DY	/NAMI	CS —	LLC	
2.	(a)			(b)		
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(~)	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1151 NW 162 ND AVE			1151 NW 1	62 ND AVE
		PEMBROKE PINES, FL 33028	_		PEMBROK	CE PINES, FL 33028
		11/22/2021		Ĺ	.210005009	96
3.		Date of filing/registration in Florida	- 4.	_	1	Document number
5.	(a)	BUSINESS FILINGS INCORPORATED				
٠.	(Δ)	Registered Agent and Registered Office shown on the records of	the Flori	da I	Dept. of State	:
		Registered Office Address (MUST BE FLORIDA STREET) 1200 SOUTH PINE ISLAND ROAD	ADDRE.	<u>SS)</u>		
		PLANTATION , FI	33324			
	(b)	HANUMANTHA NAGINENI				
(0)		Enter name of NEW Registered Agent and/or NEW Registered	Office a	ıdd	ress:	
		NEW Registered Office Address:				
		1151 NW 162 ND AVE				
		PEMBROKE PINES , FL	33028			
ch ag wa	ange ent v s/w	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of the organization or the operating agreement of the	registe ability of the li limited	red on mit l lia	l office and npany, it is ted liability ability com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
-5	Signa	ture of a member of authorized representative of a member				Printed or typed name of signee
the to no	ovisi e obl mere tified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I is a change of this change.	ree to ac perfori d for in hereby	ct ii nar Ch con	n this capa nce of my d napter 605, nfirm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Si	gnatu	re of Registered Agent				