## 422000013161

Office Use Only



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03/11/22 -01014--002 \*\*25.00



## COVER LETTER

TO: Registration Section Division of Corporations	
Tara Lynn Chokshi SUBJECT:	
Name of Limited Li	ability 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:
Tara Lynn Chokshi	
Name of Person	
Tara Lynn Chokshi LLC	
Firm/Company	_
2855 Gulf to Bay Blvd, #8104	
Address	<del></del>
Clearwater, FL 33759	
City/State and Zip Code	
taralynnchokshi@gmail.com	
E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, please call:	
Tara Lynn Chokshi 321	8903287
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)

## 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.

i.	Na	me of the limited liability company: Tara Lynn Choksh	i LLC						
,	(a)	Tara Lynn Chokshi LLC	(	(b)	Tara Lynn	Chokshi LLC			
	(**)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		failing address o (Note: MAY B			
		2855 Gulf to Bay Blvd #8104			2855 Gulf to	o Bay Blvd #8	104		
		Clearwater, FL 33759	_		Clearwater,	FL 33759		_	
		1/5/2022		į	L220000131	61			
3.		Date of filing/registration in Florida	4.	_	1	Document nur	nber	2	
5.	(a)						A:EC	2022 HAR	
	` ′	Registered Agent and Registered Office shown on the records of the	ne Florie	da I	Dept. of State:	:	LET LET	HAR	
		CHEYENNE MOSELEY, UNITED STATES CORPORATION AGENTS, INC			ENTS, INC		AHA AHA		<u> </u>
		Registered Office Address (MUST BE FLORIDA STREET A	STREET ADDRESS)			SS.	70	600	
		5575 S. SEMORAN BLVD #36					THE THE	PM 3: 46	
		Orlando FL.	32822					. t	
		Enter name of NEW Registered Agent and/or NEW Registered Of Tara Lynn Chokshi  NEW Registered Office Address:	Office address:						
		2855 Gulf to Bay Blvd #8104							
		Clearwater, FL_	33759						
ch ag wa	ange ent v is/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the r vill 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 li	register oility c other line	red on mit	l office and pany, it is ed liability	the business hereby confir company or a	office of med that	the rep	gistered ange(s)
	_	Mai	Ta	ra l	_ynn Choksl				
	_	ture of a member or authorized representative of a member				Printed or typed		_	
pr the to	ovisi e obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he Lin yearng of this change.	e to ac erforn for in vreby c	et i. nar Ch con	n this capac nce of my di napter 605, firm that th	city. I further uties, and I ar F.S. Or, if th he limited liab	agree to n familia is docum vility com	comp r with ent is pany i	ly with the and accept being filed has been
Si	gnatu	re of Registered Agent							