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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ASTIN BAY POINTE LL	.C	
Nan	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
ARUN MURUGESAN		
Name of Person		
ASTIN BAY POINTE LLC		
Firm/Company		
1729 24TH AVE NE		
Address		
ISSAQUAH,WA 98029		
City/State and Zip Code		
ARUN.MURUGESAN@GMAIL.C		
E-mail address: (to be used for future ann	nual report notification)	
For further information concerning this matter,	please call:	
ARUN MURUGESAN	at (626) 318-6928	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
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. ASTIN BAY POINTE LLC Name of the limited liability company: Arun Murugesan 2. (a) Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 1729 24th Ave NE 1729 24th Ave NE Issaquah Wa 98029 Issaguah Wa 98029 .22000038882 JAN 20,2022 Date of filing/registration in Florida Document number 3. LEGALINC CORPORATE SERVICES INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5237 SUMMERLIN COMMONS (MUST BE FLORIDA STREET ADDRESS) Registered Office Address SUITE 400 FORT MEYERS Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4th St N **NEW** Registered Office Address: STE 300 FI 33702 St. Petersburg 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

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.

David Roberts - Assistant Secretary

Signature of Registered Agent