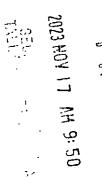
L22000208295

(Requestor's Name)				
(Address)				
(Address)				
•	,			
	ty/State/Zip/Phon	o.#\		
(Cit	ty/State/Zip/Phon	e #)		
☐ elck.i ie	WAIT	MAIL		
	•••			
(Bu	isiness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
	_			
Special Instructions to Filing Officer:				
,				
		i		
		ļ		
į,	1/	ŀ		
MIK				
	Office Use On			



500419060875

11/17/23--01009--013 **25.00



COVER LETTER

ГО:	Registration Section Division of Corporations				
SUBJE	REMINTAL LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
RAME	ESH CHANDRA				
	Name of Person	-			
REMI	NTAL LLC				
	Firm/Company		_		
РОВ	OX 800024				
	Address		_		
MIAM	I / FL 33280				
	City/State and Zip Code				
remint	tal@gmail.com				
Е	-mail address: (to be used for future ann	ual report notif	ication)		
For fur	ther information concerning this matter.	please call:			
RAME	SH CHANDRA	at (_415	845-2555		
	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	3 (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. N	HEMINTAL LI Jame of the limited liability company:	_C	
2. (a)	20301 W CONTRY CLUB DR # 2227	(b) P O BO	X 800024
- (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	AVENTURA	MIAMI	
	FL 33180	FL 3328	0
	5/02/2022	L2200026	08295
3.	Date of filing/registration in Florida	4.	Document number
5. (a	NORTHWEST REGISTERED AGENT		
J. (u	Registered Agent and Registered Office shown on the records of 7901 4TH ST N STE 300	2023	
	Registered Office Address (MUST BE FLORIDA STREET)	7023 NOV 17	
	ST. PETERSBURG . FL	33702	
(b)	REMINTAL LLC	9: 50	
Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	20301 W COUNTRY CLUB DR # 2227		
	NEW Registered Office Address:		_
			_
	AVENTURA	33180	
the chagent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered offic ability company, it is of the limited liability	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany. ANDRA
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
provi. the ol to me	eby accept the appointment as registered agent and agg sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in this cap performance of my d for in Chapter 60, hereby confirm that	pacity. 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
Signa	ture of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00