

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2300044900

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H23000122133ABCR

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: KUNALamin1980@gmail.com

LLC REGISTERED AGENT CHANGE
AMIN VIP, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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MAR 31 2023

K. Brumley

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMIN VIP, PLLC

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:

Lori Ammons

Name of Person

Johnson Pope

Firm/Company

490 First Avenue South, Suite 700

Address

St. Petersburg, FL 33701

City/State and Zip Code

kunalamin1980@gmail.com

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

For further information concerning this matter, please call:

Lori Ammons

727

483-5685

Name of Person

at ()

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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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: AMIN VIP, PLLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

1621 22nd Avenue North

St. Petersburg, FL 33713

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

1621 22nd Avenue North

St. Petersburg, FL 33713

01/30/2023

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3. Date of filing/registration in Florida 4. Document number

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

Kunal V. Amin

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

175 First Street South, Unit 2304

St. Petersburg, FL 33701

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

NEW Registered Office Address:

1621 22nd Avenue North

St. Petersburg, FL 33713

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.

Kunal V. Amin
Signature of a member or authorized representative of a member

Kunal V. Amin

Printed or typed name of signer

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.

Kunal V. Amin
Signature of Registered Agent

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

2023 MAR 31 PM 2:30

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