

L23000280197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

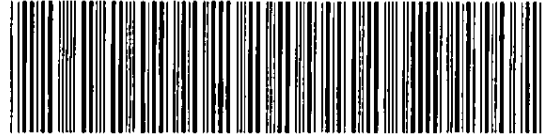
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300412333853

07/18/23--01007--020 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUL 18 AM 9:28

FILED

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAZZ TIME LLC  
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:

JITIN TEJANI  
Name of Person

PAZZ TIME LLC  
Firm/Company

1744 PRIMROSE LANE  
Address

WELLINGTON FL 33414  
City/State and Zip Code

jtejani@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JITIN TEJANI at ( 561 ) 707-3397  
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

**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: PAZZ TIME LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1744 PRIMROSE LANE  
WELLINGTON FL 33414

1744 PRIMROSE LANE  
WELLINGTON FL 33414

3. 06/09/2023 4. L23000280197  
Date of filing/registration in Florida Document number

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

MICHEL TEJANI  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1531 BARRYMORE CT  
WELLINGTON FL FL 33414

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

JITIN TEJANI  
NEW Registered Office Address:  
1744 PRIMROSE LANE  
WELLINGTON FL 33414

FILED  
2023 JUL 18 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

Miguel Tejani  
Signature of a member or authorized representative of a member

MICHEL TEJANI  
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.

Miguel Tejani  
Signature of Registered Agent