## L23 000 394 397

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## COVER LETTER

Division Section	-CIEK
Division of Corporations	
- Corporations	
SURIDOW	
SUBJECT:	
I he Me	egalor LLC
	The ac
Dear Sin Name of	Limited Links
Dear Sir or Madam:	Limited Liability Company
	Pany
The enclosed Registered Agent/Registered Office Chapter Please return all correspondence concerning this matter	
Registered Agent/Regist	
Plane Registered Office Ch.	2000 - 10
rease return all correspond	and fee(s) are submissed to
concerping at a	sadiffited for filing
matte	to the fau.
Please return all correspondence concerning this matter	To the tollowing:
	-
- Kiwam C.M.	
- Kareen Sidhan	
Name of Person	
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Fig. 10	
ritm/Company	
The rigalor LC Firm/Company	
15000	
12385 PAR VIVE NO. 11:	
runcitplace 112	N1.5 .
Address	1107 # 1107
15985 preserve Markitplace, P	
City/State and Zip Code	
- UCIEJSA, (1) 2-	
3 10 3 535(1	
City/State and 7:- 0	
and Zip Code	
Foreem Sally Co.	
E-mail address: (to be	Com
	G
E-mail address: (to be used for future annual report no For further information concerning this matter, please call:	Ufication
mation concerning the	cation)
inis matter, please colle	
Trade Call;	
- Kanas Cini	
DIECON DICVIAN	
Name of Person at ( 13:	<b>1</b>
Name of Person  Mailing Address: Registration Section Division of Correction	L)_S(8-6612
Mailing Address:	Area Code & D
D. Address:	Daytime Telephone
Registration Section	2 otephone Number
Division of C	Street Address:
Division of Corporations P.O. Box 6327	Registration ess:
·· • • • • • • • • • • • • • • • • • •	Registration Section
Tallahassee, FL 32314	Division of Corporations The Center Components
-mosce, rl 32314	The Centre of Tall
	THE COURS AFTER .

Enclosed is a check for the following amount:

TO: Registration Section

\$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## 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	Name of the limited liability company: The Megalor UC	<del></del>
2. (a)	15985 preserve Markedrace, PMB # 1107 (b) 1598	(S preserve Markelflace, 191713 HILL
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Odeligi, FL 33516	atesla, FL 33556
	8122/2023	L23000394397
3.	Date of filing/registration in Florida 4.	Document number
5. (a	ZenBusiness , NC	_
	Registered Agent and Registered Office shown on the records of the Florida Dept. of St	atc:
	336 E. College Are, juite 301	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	(7 🗠
	Tallahassee, FL 32301	024
	, FL	27
(b	, Kareem Sidhom	27 PH C
(U	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
		Fig. 6
	15985 presure Marketpiaco, pris #11	<u> </u>
	NEW Registered Office Address:	
	00255a2 FL 33556	
	. FL	
		<del></del>
chang agent was/v	limited liability company is not organized under the laws of the State of Fige or changes are made, the Florida street address of the registered office a will be identical. Or, in the case of a Florida limited liability company, it were authorized by an affirmative vote of the members of the limited liabilities of organization or the operating agreement of the limited liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	Sidlean Ka	Printed or typed name of signee
Sign	nature of a member or authorized representative of a member	
I her provi the oi to me	weby accept the appointment as registered agent and agree to act in this capsions of all statutes relative to the proper and complete performance of my bligations of my position as registered agent as provided for in Chapter 60 rely reflect a change in the registered office address. I hereby confirm that ed in writing of this change.	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
Siona	ture of Registored Agent	