

L240000 26918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

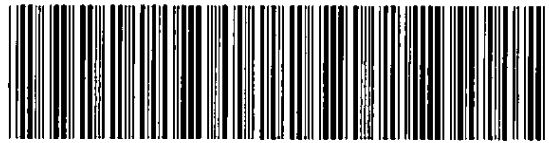
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2024 FEB 16
R. HUNT
02/16/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Numbers 0123 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:

Mahesh Ammanamanchi

Name of Person

Numbers 0123 LLC

Firm/Company

8400 Pulaski Dr., # 411

Address

Kissimmee, FL 34747

City/State and Zip Code

mabed0123@gmail.com

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

For further information concerning this matter, please call:

Mahesh Ammanamanchi at (_____) 6786300123

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

~~ASSISTING FEE & CERTIFIED COPY~~

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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: Numbers 0123 LLC

2. (a) 8400 Pulaski Dr., # 411
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Kissimmee FL 34747

(b) 8400 Pulaski Dr., # 411
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Kissimmee FL 34747

3. 01/12/2024 Date of filing/registration in Florida

4. L24000026918 Document number

5. (a) Mahesh Ammanamanchi
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
8330 Caraway Dr.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Orlando, FL 32819

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

8400 Pulaski Dr.
NEW Registered Office Address:
411
Kissimmee, FL 34747

2024 FEB 16 PM 2:14
FILED
CLERK OF STATE
TALLHASSEE, 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.

Mahesh Ammanamanchi
Signature of a member or authorized representative of a member

Mahesh Ammanamanchi
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.

Mahesh Ammanamanchi
Signature of Registered Agent