

LZ4000 ZZ8 383

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Nishat Tabassum LLC		
00201	Liability Company		
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered C	office Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to t	he following:
Nishat	Tabassum		
	Name of Person		
Nishat	Tabassum LLC		
	Firm/Company		
4905 w	rild senna blvd		
	Address		
Tampa.	, FL 33619		
	City/State and Zip Code	:	
nishitbs	sm@gmail.com		
E	E-mail address: (to be used for future a	nnual report no	otification)
For fur	ther information concerning this matte	er, please call:	
Nishat	Tabassum	904 at (537- 1448)
	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
	Englosed is a check for the following	ng amount:	
	☑ \$25 Filing Fee	٥	\$55 Filing 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.

Name of the limited liability company: Nishat Tabassum	LLC		
(a) 4905 wild senna blvd Tampa FL 33619	(b) 4905 wild senna blvd Tampa FL 33619		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability of (Note: MAY BE POST OFFICE)	
05/08/2024	3851400		
Date of filing/registration in Florida BizFilings	4.	Document number	
(a) Registered Agent and Registered Office shown on the records of 8020 excelsoir drive suite 200 Madison, WI 53717 Registered Office Address (MUST BE FLORIDA STREET)	the Florida Dept. of S	State: E virtual Reg agent	Steveo
, FL		2024 NOV SECKEI TALL	T1
(b) Enter name of NEW Registered Agent and/or NEW Registered 4905 wild senna blvd, Tampa FL, 33619	1 Office address:	7. →(
NEW Registered Office Address:		— 3. J.W. 8 1	
, FL	-		
he limited liability company is not organized under the large or changes are made, the Florida street address of the ent will be identical. Or, in the case of a Florida limited liss/were authorized by an affirmative vote of the members of articles of organization or the operating agreement of the	e registered office ability company, i of the limited liab	and the business office of the re- it is hereby confirmed that the chility company or as otherwise pr	gistered lange(s)
Signature of a member or authorized representative of a member	Nishat Tabass	Printed or typed name of signee	
hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete obligations of my position as registered agent as provide merely reflect a change in the registered office address, I stifled in writing of this change.	ree to act in this c performance of n d for in Chapter (hereby confirm th	anacity I further agree to comp	ly with the and accept being filed has been
gnature of Registered Agent			