m02000002884

BATSAKHT CONSCIUTING, LLC PHN: LISA SARKAR 16176 SW 364 CT MIRAMAR, FL 33027							
(Address)							
(City/State/Zip/Phone #)							
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SECUENT AND 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limite	ed liability company is:	BAISAKI	HI CONSULTING,	LLC
 The mailing address o 33178 	f the limited liability co	ompany is :	4760 NW 97TH PI	_ACE, MIAMI, FL
10/31/2002		···	M02000002884	
3. Date of filing/registration in Florida		4. Document number		
5. The name of the registr Florida Department of		Name	address as shown on	the records of the SECKET TALLAHA
City, State and Zip 6. The name and address of the new registered agent and/or office:				TPRY OF STA
	LISA SARKAR 16176 SW 36TH CT Florida street address (P.O. Box NOT acceptable)			
	MIRAMAR	FL 3302 State and Zi	27	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement (Signature of a member or author)	thange or changes are me of the registered agent wereby confirmed that the ed liability company or of the limited liability company.	nade, the Flo ill be identi- e change(s) as otherwis company.	aws of the State of Florida street address of cal. Or, in the case of was/were authorized a provided in the arti	orida, it is hereby f the registered office f a Florida limited by an affirmative vote of cles of organization or
LISA SARKAR				
(Printed or typed name of signee	·	·	-	•
I hereby accept the apportunity with the provision and I am familiar with at Chapter 608, F.S. Or, if address, I hereby confirm	ointment as registered a ns of all statutes relatived accept the obligation this document is being that the limited liabiling.	gent and ag be to the pro- ns of my pos- filed to mer ity company	ree to act in this cap per and complete per ition as registered as ely reflect a change i has been notified in	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
(Signature of Registered Agent)		•		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00