M09000003853

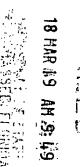
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Cit	moderni pri nom	<i>π</i> ,		
PICK-UP	MAIT	MAIL		
	Part Car All			
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300310439683

03/19/18--01039--008 **25.00



Y SULKER MAR 2 0 2018

COVER LETTER

18				
		•		
ma ve	:NTURCS	لر ر		
Name o	of Limited Liabil	ity Company		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MERALI				
f Person				
MA VENTURES LLC Firm/Company				
mpuny				
804 mores Da				
SS				
WANTAGH NEW YURK NY 11793 City/State and Zip Code				
hmfive @ gmail. com				
E-mail address: (to be used for future annual report notification)				
ng this matter, ple	ase call:			
s	at (516)	652.6943		
		ea Code & Daytime Telephone Number		
DDRESS:	MAILI	NG ADDRESS:		
	-	ation Section		
1		of Corporations		
lirele		ssee, Florida 32314		
	i ananas	1000, 10110a 725 17		
Enclosed is a check for the following amount:				
	□ \$55 Fil	ing Fee & Certified Copy		
	Name of Registered Office e concerning this response of Person BUC Ompany Company Company	Name of Limited Liabil Registered Office Change and fee(e concerning this matter to the following amount: NECALT Person REW YURK NY 11793 Ind Zip Code Small (OM) Are Are Are Are Are Are Circle Office Change and fee(Are Are NECALT Are NECALT Are Are Are Company Are Company Are Company Are Are Company Are		

INHS18 (2/14)

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

Pl	oride	la.	•
1.	Na	ame of the limited liability company: MA VENTURES	s ui
2.	(a)	(b)	
	(-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1675 EE WILLIAMSUN RD. 8	duy maybe prive
		LONGUOD, FL 32779 WI	ANTAGH NY 11793
		9/28/2009 m	09800 00 3853
3.		,	Document number
5.	(a)	MA VENTURES LLC	
-,	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	· n
		SAMEER MEROLF	•
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	· *** ********************************
		1675 EE WILLIAMSON ROAD	
		LONGWOUD, FL 32779	
	(b)	FATIMA MANEIKIA	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
		243 PRIMENADE CIRCLE	
		NEW Registered Office Address:	
		LAKE MARY, FL 32746	
If t	he li	imited liability company is not organized under the laws of the State of Flo	orida, it is hereby confirmed that after
the	cha	ange 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.

to a	FATIMA MANEKIA
Signature of a member or authorized representative of a member	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.

ママ Signature of Registered Agent