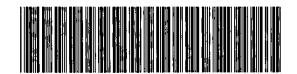
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: G. S. Ventures of Viveinia, L.L.C. Name of Vimited 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:			
SUNIL SETHI Name of Person			
G.S. Ventures Virginia, LLC Firm/Company			
1425 Welanne Lane, Address			
Midbothian JA, 23114 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
SUNIL SETH. at (804) 539-1115  Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$Certified Copy			
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 Florida.

1. Name of the limited liability company: G.S. Ventures of V	irginia, LLC
2. (a) 1425 Wesanne Lane (b) 3	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
Mid lothian, VA 23114	
12/21/09 MO9	000004990
3. Date of filing/registration in Florida 4.	Document number
5. (a) Meenakshi A. Hisani	-
Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
2265 Lee Road, Sinte 109	FILED
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
minterfack, Feb. 32789	
7	SE S
	700
(b) Suman KATHURIA	OR L
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
1529 Sunshine Tree Blod	
NEW Registered Office Address:	_
Augusta of Marcos.	
	_
Longwood, FL 32779.	-
If the limited liability company is not organized under the laws of the State of Fl	orida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the registered offic	e and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is was/were authorized by an affirmative vote of the members of the limited liability	ty company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability con	• •
Junifectur Cinit	SETH
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 cap provisions of all statutes relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter 60, to merely reflect a change in the registered office address, I hereby confirm that notified in writing of this change.	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
K Summer Kolhung	
Signature of Registered Agent	