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COVER LETTER

TO: **Registration Section Division of Corporations** PATEL BROTHERS OF ORLANDO, 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: Jayal Amin Name of Person Amin Law Offices, Ltd. Firm/Company 1900 E. Golf Road - Suite 950 Schaumburg, IL 60173 City/State and Zip Code .@aminesq.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jayal Amin Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

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.	Name of the limited liability company: PATEL BROTHER	RS OF ORLANDO, LLC
2.	(a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 1750 SAND LAKE ROAD ORLANDO, FLORIDA 32809
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8110 N. SAINT LOUIS AVE. SKOKIE, IL 60076
Mai	rch 13, 2012	M12000001433
3.	Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of		
	Registered Agent:	ALPESH PATEL
	Registered Office Address:	1251 E. Fowler Ave Unit F Tampa, FL 33612
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :	EW Registered Office address:
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8501 Fulton Ct.
		Orlando ,FL 32835
co an lia the	the limited liability company is not organized under the infirmed that after the change or changes are made, the difference of the registered agent will be idealistly company, it is hereby confirmed that the change members of the limited liability company or as other experience of the limited liability company or mature of a member of authorized representative of a member	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
_	kesh Patel inted or typed name of signee	
I co an Ci aa	hereby accept the appointment as registered agent an mply with the provisions of all statutes relative to the d I am familiar with and accept the obligations of my hapter 608, F.S. Or, if this document is being filed to dress, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent