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4	(Requestor's Name)						
(Address)							
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(City/State/Zip/Phone #)							
PICK-L	JP 🔲 WAIT 🔲 MAIL						
	(Business Entity Name)						
(Cashisas Line)							
(Document Number)							
Certified Copies	Certificates of Status						
Special Instruction	ns to Filing Officer:						
Special instruction	is to Filing Officer.						

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 2095 Andrews Realty 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:					
Krishna Ramhanan					
2035 Andrews Realty LLC Firm/Company					
GGOO ligh Ridge load Address					
Boynton Beach, FL 33426 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Kleistona la amongrana 561, 450 7294					

STREET/COURIER ADDRESS:

Name of Person

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Area Code & Daytime Telephone Number

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$1)\$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 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.

. rioriaa.				1 6	
1. Name	of the limited liability company: _	2095	Andrews	Realty	LLC
2. (a)	Principal office address of limited liabi (Note: MUST BE STREET AD.	pressi	6600 U	ddress of limited liability of MAY BE POST OFFICE	• •
3.	Bounton Beach (2) 16/2015 Date of filing/registration in F		M 15	000013)37
Re	gistered Agent and Registered Office shown Ende JOSE egistered Office Address MUST BE FLA 2085 Nowth Av Pompano Beach ter name of NEW Registered Agent and/or	ORIDASTREET ADI Adviews , FL	Aue Ext 33069	ARY Yara	15 NOV 12 AM ID: 10
If the limit the change agent will was/were the article: Signature I hereby a provisions the obligato merely notified in	Registered Office Address: 600 Right Richards ted liability company is not organize or changes are made, the Florida st be identical. Or, in the case of a Florida st of authorized by an affirmative vote of s of organization of the operating again of a manber trauthorized representative of accept the appointment as registered as of all statutes relative to the proper stions of my position as registered again the registered of writing of this change.	, FL, FL, FL, FL, FL	of the State of Florida, it is registered office and the lity company, it is hereby the limited liability companited liability company. OCOP Printed	e business office of the confirmed that the confirm	ne registered hange(s) rovided in

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