M1500000 2844

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(Address)								
(Address)								
(City/State/Zip/Phone #)								
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(Business Entity Name)								
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COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: Divine of Dunedin LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter	ter to the following:							
Rishi K. Desai								
Name of Person								
4.5								
Shah & Associates P.C.								
Firm/Company								
241 Forsgate Commons Suite 204								
Address								
Monroe, NJ, 08831								
City/State and Zip Code								
rdesai@lawesq.net								
E-mail address: (to be used for future annual re	port notification)							
For further information concerning this matter, please	e call:							
Rishi K. Desai	732 521-9455							
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 amou	int:							
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)



May 27, 2016

RISHI K DESAI SHAH & ASSOCIATES P.C. 241 FORSGATE COMMONS SUITE 204 MONROE, NJ 08831

SUBJECT: DIVINE OF DUNEDIN, LLC

Ref. Number: M15000002844

We have received your document for DIVINE OF DUNEDIN, LLC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00008986

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MIGMAY 23 PM 3:53

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2016

RISHI K DESAI SHAH & ASSOCIATES P.C. 241 FORSGATE COMMONS SUITE 204 MONROE, NJ 08831

SUBJECT: DIVINE OF DUNEDIN, LLC

Ref. Number: M15000002844

We have received your document for DIVINE OF DUNEDIN, LLC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00008986

TO JUN 15 PM 2: 24

SECRETARY OF STATE

TALL AHASSEE FRANK

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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.

ı.	Na	me of the limited liability company: Divine of Dur	nedin,	LLC				
_,	(-, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(4)	Mailing address of limite			
		956 Patricia Avenue,						
		Dunedin, Florida, 34698	_					
		February 19, 2015		M15000	002844	·		
3.		Date of filing/registration in Florida	4.		Document number	· · · · · · · · · · · · · · · · · · ·		
5.	(a)							
	(4)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of St	ite:			
	National Registered Agent, Inc. NRAI Services, Inc.							
		Registered Office Address (MUST BE FLORIDA STREET.	ADDRE	<u>(SS)</u>		-1		
		1200 South Pine Island Road				ALC SEC	5	
		Plantation , FL	3332	4	_	至		
						35.5	5	, - -
	(b)				_	THE STATE OF	PH	1.03
	Enter name of NEW Registered Agent and/or NEW Registered Of			address:		Ξ_{S}	5	المستدو
		John Turner				LAHASSEF, FLORID	24	
		NEW Registered Office Address:		 	dian	7.		
		956 Patricia Avenue						
			 .					
		Dunedin , FI	3469	8	_			
the ag	e cha ent v is/we	mited liability company is not organized under the lange or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the repliability of the limited	gistered offi company, it imited liabil d liability co	ce and the business of is hereby confirmed ity company or as oth impany.	office of the the	he reg change	istered (s)
_	Sione	ture of a member or authorized representative of a member		ishi K. De	Printed or typed name	of signee		
pr the to no	herei ovisi e obl mere stified	by accept the appointment as registered agent and agent of all statutes relative to the proper and complete ignitions of my position as registered agent as provide ignition as registered agent as provide in the registered affice address, I in writing of this change.	ree to de perfor in hereby	nct in this ca mance of m n Chapter 60 confirm tha	• • •	-	iply w h and s bein v has t	ith the accept g filed een

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