## 1715000002850

	(Requestor's Name)						
	(Address)						
	<b>,</b>						
· · · · · · · · · · · · · · · · · · ·	(Address)						
(Address)							
(City/State/Zip/Phone #)							
PICK-UF	>   WAIT	MAIL					
	L *****	L *****					
	(Business Entity Name)						
(Document Number)							
Certified Copies Certificates of Status							
Consist laster Alexander	. A. Filia - Offica						
Special Instructions	s to Hiling Oπicer:						
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Office Use Only



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## **COVER LETTER**

Division of Corporations						
Divine of Palm Harbor, Ll	_C					
	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:					
RIshi K. Desai						
Name of Person						
Shah & Associates P.C.	•					
Firm/Company	<del></del>					
241 Forsgate Commons Suite 204						
Address	<del></del>					
Monroe, NJ, 08831						
City/State and Zip Code	<del></del> e					
rdesai@lawesq.net						
E-mail address: (to be used for future a	annual report notification)					
For further information concerning this matt	er, please 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 amount:						
☑ \$25 Filing Fee	☐ \$55 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.	Na	ame of the limited liability company: Divine of F	Palm Ha	rbor, L	LC				
	(47)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	· · ·	(0)	N	Mailing add (Note: M	lress of limit	ted liabil	ity company:
		33420 US Highway 19 North							
		Palm Harbor, Florida, 34684							
		February 19, 2015		M1:	50000	02850			
3.		Date of filing/registration in Florida	4.			Docume	nt number	•	
5	(a)								
٥. ١	(a)	Registered Agent and Registered Office shown on the record	ls of the Flor	rida Dept	t. of State	:			
		National Registered Agent, Inc.		·					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		1200 South Pine Island Road						<b>⊘</b> a	
		Plantation	, <sub>FL</sub> 3332	24				2018 APA	~T)
		'					TAR 188	¥ 26	
(	(b)						£.0		5 2770
		Enter name of NEW Registered Agent and/or NEW Register	ered Office	<u>address</u>	•		S	A	
		John Turner					STATE ORID!	<b>₹</b>	)
		NEW Registered Office Address:				. ā.	7—	<u>~</u>	
		33420 US Hwy 19 North							
		Palm Harbor	, <sub>FL</sub> 3468	34					
the age wa	cha ent v s/we	imited liability company is not organized under the right of changes are made, the Florida street address will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member clear of organization or the operating agreement of	s of the re d liability ers of the l the limite	gistere compa imited d liabil	d office my, it is liability ity com	and the hereby of companion pany.	business confirmed	office of that the	of the registered te change(s)
	ionat	ture of a member or authorized representative of a member	<u> </u>	lishi K	. Desa			Δ.	<u> </u>
					1.		typed name	_	
pro the to no	ovisi obli mere tified	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change.	agree to d lete perfoi vided for i s, I hereby	mance mance n Chap confir	nis capa of my a iter 605, m that t	icity. I fi luties, an . F.S. Or he limite	urther agr nd I am fai r, if this do nd liability	ree to comiliar vocumen ocumen ocompo	omply with the with and accept it is being filed any has been
Sig	natu	re of Registered Agent							
		Division of Corporations P. FILING	O. Box 63 G FEE: \$2		allahass	see, FL 3	32314		