M15000006259

(Requestor's Name)
(Address)
Addition
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

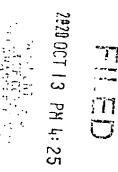


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OCT 1 3 2020

10/14/20--01022--006 **25.00



S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 9, 2020

Order#: 452230-011

Re: MEERUT, LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX _ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

. (a)	10101 Sabal Palm Avenue	(b)	10101 S	abal Palm Avenue	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Coral Gables, FL 33156		Coral Ga	ibles, FL 33156	
	08/07/2015	i	M1500000	06259	
3. (a) (b)	Date of filing/registration in Florida ABBHI, SEEMA	4.		Document number	
	Registered Agent and Registered Office shown on the records o 10101 Sabal Palm Avenue	f the Florida	Dept. of Sta	ate:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	!	2 %	
	Coral Gables, F	33156		2870 OCT 1	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office add	<u>iress</u> :	3 PH 4: 2	
	NEW Registered Office Address:			_ · თ	
	1201 Hays Street			_	
	Tallahassee, F	L		_	
change agent was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere iability cor of the limi	d office ar mpany, it i ited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
/S/ Abbhi Seema,				Manager	
Signa	ature of a member or authorized representative of a member		•	Printed or typed name of signee	
I here provis the ob	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provid ely reflect a change in the registered office address, I	ree to act e performa ed for in C hereby co	in this cap ince of my hapter 60 nfirm that	pacity. 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	

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

INHS18 (2/14)

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company