## M18000000862

(Requestor's Name)				
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## **COVER LETTER**

•	CC	OVER LE	LLEK	_2	
TO: Registration Section Division of Corporations				BIB BOY 13 PA 4. 18	
HELLO DE	SILLC			A CANAL OF THE PROPERTY OF THE	
SUBJECT:	Name of Li	imited Lia	bility Company	20, 8	
Dear Sir or Madam:				ONE CO	
The enclosed Registered Agent/Reg	gistered Office Cha	ange and f	ee(s) are submitted for filing.		
Please return all correspondence co	ncerning this matt	er to the fo	ollowing:		
LALIT ABICHANDANI, CPA					
Name of P	erson		<del></del>		
ABIC CPA ASSOCIATES					
Firm/Com	pany	<del></del>	witz		
303 FIFTH AVENUE, SUITE	909		_		
Address		and the second second	<b>3</b> 45		
NEW YORK, NY 10016					
City/State and	Zip Code		•••		
LALITCPA@YOURTAXADV	ISQR.ÇQM				
E-mail address: (to be used for	or future annual re-	port notifi	Cation)		
For further information concerning	this matter, pleasa	e gall;			
LALIT ABICHANDANI  Name of Person	at (	212	576=1592		
Name of Person	STEERING ST	•	Area Code & Daytime Telepho	ne Number	
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 3230	rele	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the	ae following amor	int:			
☑ \$25 Filing Fee ☐ \$5			5 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:  HELLO DESI	LLC			
2. (a)	35 WATERGATE DR		(b) 35 WATERGATE DR		
2. (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)	
	SUITE 1604		SUITE 1	604	
	SARASOTA, FL 34236	<del></del>	SARASO	DTA, FL 34236	
	01/23/2018		M180000	00802	
3.	Date of filing/registration in Florida	4.	Tarabase Assessment	Document number	
5. (a)	REGISTERED AGENTS INC				
J. (4)	Registered Agent and Registered Office shown on the records of 3030 N ROCKY POINT DR	the Florid	a Dept. of Stat	e:	
	Registered Office Address (MUST RE FLORIDA STREET) SUITE 150A	ADDRES	<u>\$)</u>	_	
	TAMPAFI	3360	7		
° (b)	INTERIM ADVISORS LLC			2018 NOV 13 SECRETARY FALLAHASS	
	Enter name of NEW Registered Agent and/or NEW Registered	Office p	idress:	NOV AH	
	1800 PEMBROOK AVENUE		- company of Figure 2 Th	OV 13 PH AHASSEE	
	NEW Registered Office Address:				
	SUITE 195	وورا المحاورين		4: 18 STATE ORID	
	ORLANDO H	32816	)		
the chagent was/w the art	limited liability company is not organized under the large or changes are made, the Florida street address o will be identical. Or, in the case of a Plorida limited livere authorized by an affirmative vote of the members exicles of organization or the operating agreement of the authorized representative of a member leby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete digations of my position as registered agent as provided relative to change in the registered office address. It writing of these change.	f the regiability of the lie	istered office company, it is inited liability liability con	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in appany.  Printed or typed name of signee	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent