

M18000009133

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

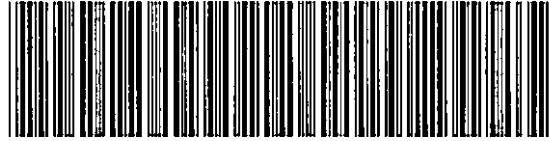
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2021 JUN 10 PM 3:33



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 AUG -9 AM 11:59

July 19, 2021

NIRAJ SINGH  
16057 TAMPA PALMS BLVD W  
#194  
TAMPA, FL 33647

SUBJECT: SHOPILEE LLC  
Ref. Number: M18000009133

We have received your document for SHOPILEE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 221A00016583

**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. Name of the limited liability company: SHOPILEE LLC
2. (a) SHOPILEE LLC  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
16192 COASTAL HWY  
LEWES, DE 19958
- (b) SHOPILEE LLC  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
16057 TAMPA PALMS BLVD W #194  
TAMPA, FL 33647
3. 10/01/2018  
Date of filing/registration in Florida
4. M18000009133  
Document number
5. (a) NIRAJ SINGH  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7320 E FLETCHER AVE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
TAMPA, FL 33637
- (b) NIRAJ SINGH  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
17401 COMMERCE PARK BLVD. STE. 103-1890  
**NEW** Registered Office Address:  
TAMPA, FL 33647

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Niraj Singh  
Signature of a member or authorized representative of a member

NIRAJ SINGH  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Niraj Singh  
Signature of Registered Agent

2021 OCT -9 PM 3:35