

M22000002996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

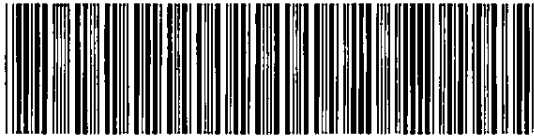
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
J. HORNE  
OCT - 2 2025

Office Use Only



300455256613

FILED  
SECRETARY OF STATE  
DIVISION OF STATE RECORDS  
2025 OCT - 1 AM 11:52

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2025 OCT - 1 PM 2:50

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
**mmoreau@incserv.com**  
850.656.7956

**REQUEST DATE** 10/01/2025

**PRIORITY** Routine

**OUR REF # (Order.ID#)** : CATHRYNE

**ORDER ENTITY**

**ORIGINAL CAPITAL STEWARDS ONE, LLC**

**PLEASE PERFORM THE FOLLOWING SERVICES:**

ORIGINAL CAPITAL STEWARDS ONE, LLC

File the attached change of agent filing.

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ORIGINAL CAPITAL STEWARDS ONE, LLC  
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:

Sumeet Gajri  
Name of Person

ORIGINAL CAPITAL STEWARDS ONE, LLC  
Firm/Company

2800 SW 27th Terrace  
Address

Miami, FL 33133-3066  
City/State and Zip Code

notices@discern.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at ( ) Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**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: ORIGINAL CAPITAL STEWARDS ONE, LLC

2. (a) <u>Principal office address of limited liability company:</u> (Note: <u>MUST BE STREET ADDRESS</u> ) <u>2800 SW 27th Terrace</u> <u>Miami, FL 33133-3066</u>	(b) <u>Mailing address of limited liability company:</u> (Note: <u>MAY BE POST OFFICE BOX</u> ) <u>2800 SW 27th Terrace</u> <u>Miami, FL 33133-3066</u>
<u>02/14/2022</u>	<u>M122000002996</u>

3. Date of filing/registration in Florida      4. Document number

5. (a) REGISTERED AGENT SOLUTIONS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

(b) Discern Registered Agent Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1540 Glenway Drive  
Tallahassee, FL 32301

FILED  
 SECRETARY OF STATE  
 2023 OCT -1 AM 11:53

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.

<u>/s/ Sumeet Gajri</u> Signature of a member or authorized representative of a member	<u>Sumeet Gajri</u> Printed or typed name of signee
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*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.*

/s/ Simon Moschou  
 Signature of Registered Agent