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| Special Instructions to F | Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| то: | Amendment Section Division of Corporations | | | |
|--------------------------|--|---|--|--|
| SUBJE | ECT: Shree Marie Amaa Devi Tem | ole Inc. | | |
| | (Name of Co | orporation) | | |
| DOCU | MENT NUMBER: N0700000801 | , | | |
| The en | closed Statement of Change of Registered Office | /Agent and fee are submitted for filing. | | |
| Please | return all correspondence concerning this matter | to the following: | | |
| | • | - | | |
| | Ramesh Goolcharran | | | |
| (Name of Contact Person) | | | | |
| | | | | |
| | Shree Marie Amaa Devi Ter | nple Inc. | | |
| | (Firm/Co | mpany) | | |
| | 4004 A 1 0 | | | |
| | 4604 Arch Ct (Addr | PCC) | | |
| | (Addi | css) | | |
| | Orlando, FL 32808 | | | |
| | (City/State and | | | |
| For fur | ther information concerning this matter, please ca | all: | | |
| Rame | sh Goolcharran | at (407) 293-7352 | | |
| | (Name of Contact Person) | at (407) 293-7352 (Area Code & Daytime Telephone Number) | | |
| Enclose | ed is a \$35.00 check made payable to the Departr | ment of State. | | |
| | Mailing Address: | Street Address: | | |
| | Mailing Address: Amendment Section | Amendment Section | | |
| | Division of Corporations | Division of Corporations | | |
| | P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | | |
| | i ananassee, i L 52514 | Tallahassee, FL 32301 | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of | |
|---|--|----------|
| | the corporation: Shree Marie Amaa Devi Temple Inc | |
| | office address: 4604 Arch Ct | |
| Orlando, F | L 32808 | |
| 3. The mailing a | address (if different): | |
| 4. Date of incorp | poration/qualification: 1/24/2007 Document number: N0700000801 | |
| | d street address of the current registered agent and registered office on file with the rtment of State: | |
| | Vidyanand Maharana | |
| | 10879 Cory Lake Drive | |
| | Tampa, FL 33647 | 2001 MAK |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | AAK I V |
| | Ramesh Goolcharran | |
| • | 4604 Arch Ct | |
| سانه و الم | Orlando, FL 32808 | |
| | | |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. | |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. | |
| N. Zing | ye of an officer or director) Prescription and title) | |
| I hereby accept I further agree of of my duties, an document is bei corporation has | the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change. | e \$ |
| If aignir Acar ba | gnature of Register (Date) (Date) | |
| ar signifigion be | shalf of an entity: | |
| < N /7 /1/ | (yped or Printed Name) | |

* * * FILING FEE: \$35.00 * * *