

P06000043086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

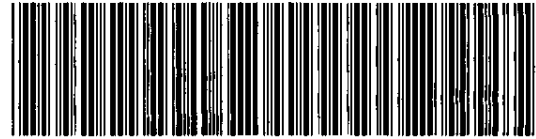
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2010

AMIN RAGHUVIR  
SHRINATHJI INC.  
2349 CENTRAL AVENUE  
ST. PETERSBURG, FL 33713

SUBJECT: SHRINATHJI, INC  
Ref. Number: P06000043086

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

The above entity is a ~~Florida corporation~~ and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 910A00025452

RECEIVED  
OCT 29 10 18 AM '10  
TALLAHASSEE, FLORIDA  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SHRINATHJI INC.  
Name of Corporation

**DOCUMENT NUMBER:** P06000043086

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMIN, RAGHUVIR  
Name of Contact Person

SHRINATHJI INC.  
Firm/Company

2349 CENTRAL AVENUE  
Address

ST. PETERSBURG, FL, 33713  
City/State and Zip Code

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

For further information concerning this matter, please call:

AMIN RAGHUVIR at (727) 323 9405  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SHRINATHJI INC.
2. The principal office address: 2349 CENTRAL AVENUE,  
ST. PETERSBURG, FL, 33713
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/24/2006 Document number: P06000043086
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

AMIN RAGHUVIR  
8300 97TH STREET,  
SEMINOLE, FL, 33777

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

AMIN RAGHUVIR  
2349 CENTRAL AVENUE,  
ST. PETERSBURG, FL, 33713

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Amin R.N.  
Signature of an officer or director

AMIN RAGHUVIR (OWNER)  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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