

PD6000079193

(Requestor's Name)

- **Ramunno Law Firm, P.A.**

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**ATTORNEY & COUNSELOR AT LAW**

**JASMINE PROFESSIONAL PARK**

**P.O. Box 771313**

**Ocala, Florida 34477-1313**

(City/State/Zip/Phone #)

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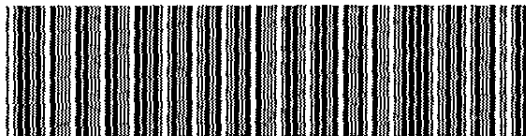
(Business Entity Name)

(Document Number)

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RA Change  
Tues

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 DEC -5 AM 9:25

FILED

12/05/06--01031--017 \*\*35.00

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SUBH ENTERPRISE INC
2. The principal office address: 3825 W Silver Springs Blvd  
Ocala, Fl. 34482
3. The mailing address (if different): 11191 SE 55th Ave Rd Unit 704  
Ballevue, Fl. 34420
4. Date of incorporation/qualification: June 8, 2006 Document number: P06000079193
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

**Vishnubhai Patel**

11191 SE 55th Ave Rd Unit 603

Bellevue, FL 34420

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

**Harshad D Chapadia**

11191 SE 55th Ave Rd Unit 704

(P.O. Box NOT acceptable)

Bellevue, FL 34420

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.

(Signature of an officer or director)

(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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