

PO800017935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

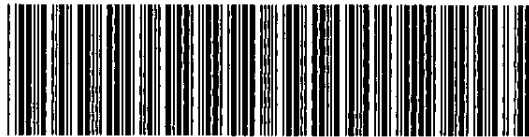
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

21821



200141837092

02/17/09--01019--004 **10.00

01/26/09--01037--014 **25.00

FILED

2009 FEB 16 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA
Chong
S

S. HAWKES

JAN 27 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENABLE INFO SOLUTIONS INC
(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:

SHANDIYA M GANDHI
(Name of Person)

ENABLE INFO SOLUTIONS INC
(Firm/Company)

902 EAGLE POINT DRIVE
(Address)

ST AUGUSTINE FL 32092
(City/State and Zip Code)

For further information concerning this matter, please call:

SHANDIYA M GANDHI at (904) 422-5742
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ENABLE INFO SOLUTIONS INC
(Name of Corporation)

DOCUMENT NUMBER: PO8000017935

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:

SHANDIYA M GANDHI
(Name of Contact Person)

ENABLE INFO SOLUTIONS INC
(Firm/Company)

902 EAGLE POINT DRIVE
(Address)

ST AUGUSTINE FL 32092
(City/State and Zip Code)

For further information concerning this matter, please call:

SHANDIYA M GANDHI at (904) 422-5742
(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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ENABLE INFO SOLUTIONS INC.
2. The principal office address: 902 EAGLE POINT DRIVE, ST AUGUSTINE
FL 32092
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/19/2008 Document number: P08000017935
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)

CORPORATION SERVICES COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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

SHANDIYA M GANDHI

902 EAGLE POINT DRIVE

(P.O. Box NOT acceptable)

ST AUGUSTINE FL 32092

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.

Shandiya Gandhi
(Signature of an officer or director)

SHANDIYA M GANDHI, 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.

Shandiya Gandhi
(Signature of Registered Agent)

02/09/09
(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)

FILED
2009 FEB 16 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA