(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
,								
Certified Copies Certificates of Status								
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(10) 3/19/10

## **COVER LETTER**

TO:	Amendment Section Division of Corporati	ons			·		
SUBJ	ECT:	ANANT/ Name o	AM, INC.				
		Name o	of Corporation				
DOC	UMENT NUMBER:	Р	1000000206	§5			
The er	closed Statement of Ch	ange of Registered O	ffice/Agent and f	ee are submitt	ed for filing.		
Please	return all corresponder	ice concerning this ma	atter to the follow	ving:	_		
		OUUDA	O THAIRICA D				
			G THAKKAR Contact Person				
		Name of	Contact I cison				
		ANA	NTAM, INC.				
	·		n/Company				
6512-A CENTERWALK DRIVE Address							
							WINTER PARK FL 32792
		City/Stat	e and Zip Code		·		
		regar007	@gmail.com				
	E-mail ac	regar007 ldress: (to be used fo	or future annual	report notific	cation)		
For fu	rther information conce	ming this matter, plea	ise call:				
	CHIRAG T		at (40	7	467-9399 ne Telephone Number		
	Name of Cont	act Person	Area C	Code & Daytin	ne Telephone Number		
Enclos	sed is a \$35.00 check m	ade payable to the De	partment of State	<b>.</b>			
	Mail Ame	ing Address:	Str	reet Address:	rtion		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 60 nge is submitted for a co r to change its registerea	rporation organized	d under	the laws of	the State o	FLORIE		
	he corporation: ANAN	-	ı agenı,	or oom, m	ne siate oj	j PiOriaa.		
2. The principal	office address: 6512-A	CENTERWALI						
-	PARK FL 32792 ddress (if different):							
4. Date of incorp	oration/qualification:	01/08/2010	Docu	ment numb	er:	P100000	)02065	
	street address of the cur tment of State: (If resign		nt and re	gistered offi	ce on file	with the		
	JITEN PATEL							
	682 MAITLAND A	/E						
	ALTAMONTE SPR						10	
6. The name and (if changed):	ALTAMONTE SPRINGS, FL 32701  street address of the new registered agent (if changed) and /or registered office  CHIRAG THAKKAR  6512-A CENTERWALK DRIVE  P.O. Box NOT acceptable							
	CHIRAG THAKKA	R					星河。	
	6512-A CENTERY						1:2	
P.O. Box NOT acceptable WINTER PARK FL 32792							رد ت ا	
The street addre	ess of its registered office be identical.		dr <b>e</b> ss of	the busines	ss office o	f its registe	red agent,	
Such change was authorized by the	as authorized by resolut ne board, or the corpora	ion duly adopted b tion has been notif	y its boo	ard of direc riting of the	tors or by change.			
8 W/m	e of an officer or director	<del></del> -	y	CHIK Printed or (	yped name an	TT-1 H	KKAR	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as reg to comply with the provi d I am familiar with an ng filed merely to reflec been notified in writing	istered agent and a isions of all statute d accept the obliga et a change in the r g of this change.	ngree to is relativation of a registere	act in this we to the promy position add office add	capacity. Oper and c as registe dress, I he	complete pe ered agent. reby confir	rformance Or, if this m that the	
Y Sig	Heall nature of Registered Agent	Allerton Carlotte Car	<b>y</b>	03-	15 - A	10		
If signing on be	half of an entity:							
Y CHIR	Alo THAKI yped or Printed Name	KAR						

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