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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE DHANYA OF MIAMI INC.

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

Pursuant to the provisions of sections 607.0502, 617. statement of change is submitted for a corporation ofin order to change its registered office or re	rganized under the laws of the State of Floods	
1. The name of the corporation: Dhanya of Miami Inc		
2. The principal office address: 10315 USA TODAY WAY, MIRAMAR, FL 33025		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 02/23/15	Document number: P15000017825	
5. The name and street address of the current register Florida Department of State: (If resigned, enter res	red agent and registered office on file with the	
LLOYD GRANET, P.A.		
2295 NW CORPORATE BOULEVARD, SUITE 235		
BOCA RATON, FL 33431	agent (if changed) and /or registered office	
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office	
Registered Agents Inc.	no P	
7901 4th St N STE 300 22		
St. Petersburg FL 33702	NOT acceptable	
The street address of its registered office and the stras changed will be identical.	reet address of the business office of its registered agent.	
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	opted by its board of directors or by an officer so n notified in writing of the change.	
Sukrit agrawal	Sukrit Agrawal Printed or typed name and title	
I hereby accept the appointment as registered agen I further agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifi	nt and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as registered reflect a change in the registered office address, I	
Bel Have	9/22/2020	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Bill Havre Typed or Printed Name		

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