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(((H22000394533 3)))



H220003945333ABC+

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To:

Division of Corporations

Fax Number : (850)617-6380

Prom:

Account Name : INCFILE.COM LLC

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Phone : (888)462-3453 Fax Number : (877)919-2613

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REGISTERED AGENT CHANGE AMULLU FARMS INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (((H22000394533 3)))

statement of cha	provisions of sections 607.0502, 617. mge is submitted for a corporation or er to change its registered office or reg	ganized under the laws of the State o	f FLORIDA	_
	the corporation: AMULLU FARMS IN	•	j Pioriaa.	
	office address: 5000 SW 163 AVENU		1	<u> </u>
3. The mailing a	address (if different); 5000 SW 163 AV	/ENUE SOUTHWEST RANCHES, FL	. 33331	
	poration/qualification: 08/07/2015			
5. The name and	d street address of the current registere rtment of State: (If resigned, enter resi	ed agent and registered office on file		
	Susan H. Xu			
	18503 Pines Blvd # 204			
	Pembroke Pines, FL 33029			
6. The name and (if changed):	istreet address of the new registered as: REPUBLIC REGISTERED AGENT I		2022 NOV I	
. •				*#:** !
,		Box NOT acceptable	PH 2:	·*************************************
`	Miami, FL 33126		- 50 - 50	
	ess of its registered office and the structure be identical. Its authorized by resolution duly adorate board, or the corporation has been	•		nt,
Kalpana	Patter	KALPANA PATTOR - President	ı	_
• -	the appointment as registered agent o comply with the provisions of all s d I am familiar with and accept the o ng filed merely to reflect a change in been notified in writing of this chan	And agree to act in this capacity, tatutes relative to the proper and coolingation of my position as register the registered office address. I here ge.		nce his the
houtte	Dollson	11-18-2022	• • •	
	nature of Registered Agent	Date		_
OVETTE DOB	•			
	ped or Printed Name			

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

COVER LETTER

(((H22000394533 3)))

TO: Amendr Division	nent Section n of Corporations		
SUBJECT: AM	ULLU FARMS INC.		
DOCUMENT!	NUMBER: P15000066835		
The enclosed St	atement of Change of Registered Office	e/Agent and fee are submitted for fi	ling.
Please return all	correspondence concerning this matter	r to the following:	
LOVETTE DOB	son		
Name of Contac	t Person		
INCFILE.COM I	LLC		
Firm/Company	,		
17350 STATE H	WY 249 #220		
Address			
HOUSTON, TEX			
City/State and Z	ip Code		
	EFILE1234@INCFILE.COM		
E-mail address	s: (to be used for future annual repo	rt notification)	
For further info	rmation concerning this matter, please	call:	
LOVETTE DOB	SON	at (888) 462-3453 Area Code & Daytime Telep	•
	Name of Contact Person	Area Code & Daytime Telep	hone Number
Enclosed is a \$3	35.00 check made payable to the Depa	rtment of State.	
A D P.	Mailing Address: Imendment Section Invision of Corporations O. Box 6327 Inallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 83 Tallahassee, FL 32303	10
CR2E045 (04/13)		(((H220003	94533 3)))