

PI 500057388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

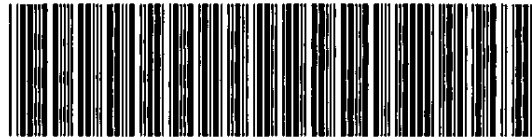
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/29/16--01005--020 **10.00

09/06/16--01018--014 **25.00

FILED
16 SEP 29 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Plachy

SEP 29 2016

R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Suhe Thaveri Yoga 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:

Luis Diaz
Name of Person

Shauf, Withner, Kurtz, Jackson & Diaz
Firm/Company

4627 Ponce de Leon Boulevard
Address

Coral Gables FL 33146-2185
City/State and Zip Code

ldiaz@swkjcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suhe Thaveri at (415) 640 - 4335
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2016

RECEIVED SEP 19 2016

LUIS DIAZ
4627 PONCE DE LEON BLVD
CORAL GABLES, FL 33146-2185

SUBJECT: SUHA JHAVERI YOGA INC.
Ref. Number: P15000073288

We have received your document for SUHA JHAVERI YOGA INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 416A00019473

RECEIVED
16 SEP 29 AM 9:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
16 SEP 27 AM 8:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: Sulhe Shavari Yoga
2. The principal office address: 9922 SW 41st Road
Gainesville FL 32608
3. The mailing address (if different): 1680 11th Avenue
SF CA 94122
4. Date of incorporation/qualification: 9/4/2015 Document number: 015000073288
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)

Sulhe Shavari
9922 SW 41st Rd
Gainesville FL 32608

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

Luis Diaz
4627 Ponce de Leon Blvd
P.O. Box NOT acceptable
Oral Gables FL 33146

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]
Signature of an officer or director

Sulhe Shavari
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]
Signature of Registered Agent

9/21/16
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 (03/12)

FILED
16 SEP 29 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA