P21000033798

(Requestor's Name)
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A. Butler 813121

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: A.N.S. Ventures, Inc. Name of Corporation	
DOCUMENT NUMBER: P21000033798	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Arvind Singh	
Name of Contact Person	
A.N.S. Ventures, Inc.	
Firm/Company	
400 Alton Rd. #3703	
Address	
Miami Beach, Florida 33139	
City/State and Zip Code	
arvindjsingh@gmail.com	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, ple	ease call:
Arvind Singh	at (847)361 2300
Name of Contact Person	at (847)361 2300 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the D	repartment of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502. inge is submitted for a corporati ir to change its registered office	on organized	under the laws oj	the State of Florida	
1. The name of 2. The principal	the corporation: A.N.S. Ventures office address: 400 Alton Rd. # 3	, Inc. 703 Miami B	each FL 33139		
•	address (if different):				
4. Date of incor	poration/qualification: 03/30/202	<u> </u>	Document num	ber: P21000033798	
	d street address of the current reg rtment of State: (If resigned, ente		and registered of	tice on file with the	
	Arvind Singh				
	90 Alton Rd. #1712				
	Miami Beach, Florida 33139				
6. The name and (if changed):	d street address of the new regist	ered agent (if	changed) and /or	registered office	
	Arvind Singh				
	400 Alton Rd. # 1712				
	Miami Beach, Florida 33139	P,O, Box NO1	acceptable		
The street addr	ess of its registered office and to be identical.	he street addr	ess of the busine	ss office of its registered	agent.
	as authorized by resolution duly the board, or the corporation has				
有	when	A	rvind Singh	Incorporator/Offic	cer
I further agree of my duties, ar document is be	the appointment as registered to comply with the provisions of all I am familiar with and acceping filed merely to reflect a chass been notified in writing of this	of all statutes i of the obligation nge in the rec	ee to act in this	typed name and title capacity oper and complete perfo t as registered agent. Of dress, I hereby confirm t	rmance r if this hat the
	Evel _	06	/10/2021		
Signing on be	chalf of an entity:			Date	
	d J. Singh yped or Printed Name				

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

ECKS PAYABLE TO FLORIDA DEPARTMENT OF