

L17000117854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

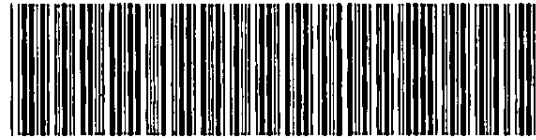
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100325874861

08/06/19--01006--015 **25.00

2019 MAR -6 PM 12: 25
SECRETARY OF STATE
MAIL ROOM

MAR 16 2017
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

2018 MAR -6 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Aiyer Enterprises, LLC
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:

Mary Ann Aiyer
Name of Person

Aiyer Enterprises, LLC
Firm/Company

5041 Cape Hatteras Drive
Address

Clermont FL 34714
City/State and Zip Code

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

For further information concerning this matter, please call:

Mary Ann Aiyer at (352) 2173266
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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Aiyer Enterprises, LLC

2. (a) 5041 Cape Hatteras Drive (b) 5041 Cape Hatteras Drive
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
Clermont FL 34714 Clermont, FL 34714

3. 05/30/2017 4. L17000117854
 Date of filing/registration in Florida Document number

5. (a) Mary Ann I Matthews AMBR
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5041 Cape Hatteras Drive
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Clermont, FL 34714

2019 MAR -6 PM 12:25
 ORIGINAL FILED IN
 TALLAHASSEE

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Mary Ann I Aiyer (Change of Name due to marriage)
NEW Registered Office Address:
5041 Cape Hatteras Drive
Clermont, FL 34714

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mary Ann Matthews Aiyer Mary Ann Matthews Aiyer
 Signature of a member or authorized representative of a member Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mary Ann Matthews Aiyer
 Signature of Registered Agent