The above named er	ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo	orida.	
SIGNATURE:	HETAL SHAH	01/	
	Electronic Signature of Registered Agent		
Authorized Person(s) Detail :			

Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	SHAH, HETAL	Name	KUWAR, DINESH	
Address	856 BELLA VIDA BLVD	Address	1047 VERNON LOOP	
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	OVIEDO FL 32765	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: HETAL SHAH

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000191651

Entity Name: 2543 FORMAX DR PARTNERS LLC

Current Principal Place of Business:

856 BELLA VIDA BLVD ORLANDO, FL 32828

Current Mailing Address:

856 BELLA VIDA BLVD ORLANDO, FL 32828

FEI Number: 47-5620866

Name and Address of Current Registered Agent:

SHAH, HETAL 856 BELLA VIDA BLVD ORLANDO, FL 32828 US

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT	

FILED Jan 09, 2017 Secretary of State CC5322151513

01/09/2017 Date

Certificate of Status Desired: No

01/09/2017

Date