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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

MARKET TYPE BOTO TOTAL ANDREW A RESPONDED TO A RESPONDED TO

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE RAJ TAWNEY LLC

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COVEDIETES

	COVERLETTER
TO: Registration Section Division of Corporations	
SUBJECT: RAJ TAWNEY	LLC
	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:
Vanessa Castillo	
Name of Person	,
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest I	Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, pl	ease call:
Vanessa Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following ar	nount:
□ \$25 Filing Fee	S55 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.

L Na	ame of the limited liability company: RAJ	TAWN	EY LL	C	
2. (a)	15624 SW 127th Ave		_(b) 1562	24 SW 127th	Ave
	Principal office address of limited hability compa (Note: MUST BE STREET ADDRESS) Apt #14-305		_	Mailing address of limited has (Nate: MAY BE POST O	bility company
	Miami, FL 33177		Miar	ni, FL 33177	
	1/12/2022		L220	00014461	
3.	Date of filing/registration in Florida	4.		Document number	<u>-</u>
5. (a)	Blumbergexcelsior Corporate Registered Agent and Registered Office shown on the reconstruction of the reconstr			 -	20
	Registered Office Address (MUST BE FLORIDA ST. 1st Floor	REET ADDRE.	<u>(35)</u>	_	2022 DEC 14
	Tallahassee	_{FL} 323	01		<u>।</u> श्री
(b)	Registered Agent Solution Enter name of NEW Registered Agent and/or NEW Reg			_	AH11: 27
	155 Office Plaza Dr. NEW Registered Office Address:			_	
	Suite A		, , , , ,	_	
	Tallahassee	_, _{FL} 323	01	_	
10 de - 11					

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.

/s/ Rajiv Tawney	Rajiv Tawney	Manager	
Signature of a member or authorized representative of a member	Printed or t	yped 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.

Mackenzie Hart, Asst Secretary