

N13000011448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

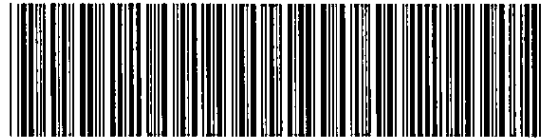
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

2018 MAY 10 AM 10:14
FILED
TALLAHASSEE, FL

SUBJECT: Change of Registered Agent
Name of Corporation

DOCUMENT NUMBER: N13000011448

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Michael W. Thomas
Name of Contact Person

Yogi Gupta Society, Inc.
Firm/Company

629 W. 170th St., #2B
Address

New York, NY 10032
City/State and Zip Code

info@yogiguptasociety.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael W. Thomas at (918) 926-6728
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: Yogi Gupta Society, Inc.

2. The principal office address: 629 W. 170th St. #2B New York, NY 10032

3. The mailing address (if different):

4. Date of incorporation/qualification: 12/23/2013 Document number: N13000011448

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)
Juan Meza (resigned)
888 Biscayne Blvd. Apt. 2511
Miami, FL 33132

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Registered Agents Inc.
7901 4th St N STE 300
St. Petersburg FL 33702
P.O. Box NOT acceptable

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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 of Michael W. Thomas, Secretary

Michael W. Thomas, Secretary
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 of Bill Havre, Registered Agent

05/06/2019
Date

If signing on behalf of an entity:
Bill Havre
Typed or Printed Name

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