

F14000001493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

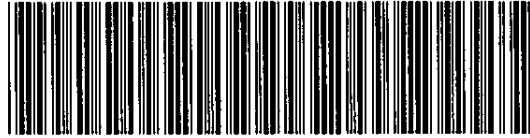
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PAX ASSIST, INC.
Name of Corporation

DOCUMENT NUMBER: F14000001493

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:

NAZEER KALACHIKAN

Name of Contact Person

PAX ASSIST INC

Firm/Company

149 BEACH 73RD ST

Address

ARVERNE NY 11692

City/State and Zip Code

ACCOUNTS@PAXASSIST.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NAZEER KALACHIKAN

Name of Contact Person

at (347) 724 7680

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: PAX ASSIST INC
2. The principal office address: 520 CHRISTINA DRIVE SUITE 305
ROYAL PALM BEACH FL 33414
3. The mailing address (if different): _____

4. Date of incorporation/qualification: APRIL 01, 2014 Document number: F14000001493

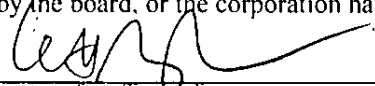
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
TIMUR EVREN - RESIGNED
3305 ATLANTIC BLVD
VERO BEACH FL 32960

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ASMAHAN DAHBALI
520 CHRISTINA DRIVE SUITE 305
P.O. Box NOT acceptable
ROYAL PALM BEACH FL 33414

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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.

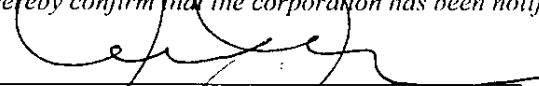


Signature of an officer or director

NAZEER KALACHIKAN

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 Registered Agent

07/16/2015

Date

If signing on behalf of an entity:

Typed or Printed Name

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