

LOG000064349

A. ALTAHRI
600 S. DIXIE Highway, #731
West Palm Beach, FL 33401



700192925757

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
FEB 7 2011
EXAMINER

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: First Ride & Home Solutions, LLC

2. (a) Principal office address of limited liability company: 600 S. Dixie Highway, #731

(Note: **MUST BE STREET ADDRESS**) West Palm Beach, FL 33401

(b) Mailing address of limited liability company: P.O. Box 15342

(Note: **MAY BE POST OFFICE BOX**) West Palm Beach, FL 33416

07-02-2009
3. Date of filing/registration in Florida

L09000064349
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Alharbi, Abeer

Registered Office Address: 600 S. Dixie Highway, #731
West Palm Beach, FL 33401

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Abdilaziz Altahri

NEW Registered Office Address: 600 S. Dixie Highway, #731
(MUST BE FLORIDA STREET ADDRESS) West Palm Beach, FL 33401
, FL

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.

Abdilaziz Altahri
Signature of a member or authorized representative of a member

Abdilaziz Altahri
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 608, 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.

Abdilaziz Altahri
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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9-4 PM 12:19
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE