N18000011178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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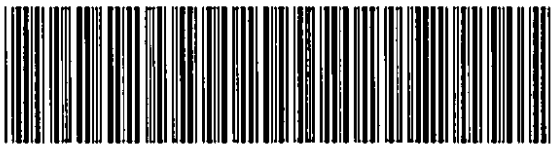

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TALLAHASSEE, FL

R. WHITE
SEP 19 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARQAM'S ACADEMY INC
Name of Corporation

DOCUMENT NUMBER: N17000011178

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:

Rachid Tachakort
Name of Contact Person

ARQAM' ACADEMY INC
Firm/Company

2401 5th street south
Address

Saint petersburg /Fl 33705
City/State and Zip Code

arqamsacademy@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

rachid tachakort at (727) 314 0131
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

CR2E045 (03/12)

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: AROAM'S ACADEMY INC

2. The principal office address: 2401 5th street south saint petersburg, FL 33705

3. The mailing address (if different):

4. Date of incorporation or qualification: 6/01/2018 Document number: N17000011178

5. The name and street address of the current registered agent and the registered office on file with the Florida Department of State, (if resigned, enter resigned):

Resigned

(HADDABAH, MUSALLAM

1750 46th ave north saint petersburg ,FL 33714)

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6. The name and street address of the new registered agent (if changed) and/or registered office (if changed).

Rachid Tachakort

1409 27th ave south saint petersburg, FL 33705

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 Rachid Tachakort

Typed or printed 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. 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 09/12/2018

If signing on behalf of an entity:

Rachid Tachakort

Typed or printed name

*** FILING FEE: $35.00 ***

Mail to: DIVISION OF CORPORATIONS, FLORIDA DEPARTMENT OF STATE
MAIL TO: P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (01-12)