N 41744

Requester's Name			
Address		- · · · · · · · · · · · · · · · · · · ·	<u></u>
City/State/Zip Phone #	F	8000034716 -11/21/0001 *****35.00	3086 007009 *****35.00
CORPORATION NAME(S) & DOCU	UMENT NUMBER(S), (i	Office Use Only f known):	
1(Corporation Name)	(Document #)	DO NOV 20	
(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)	8: 03	
4(Corporation Name)	(Document #)		-
<ul><li>□ Walk in</li><li>□ Pick up time</li><li>□ Mail out</li><li>□ Will wait</li></ul>	Photocopy	☐ Certified Copy ☐ Certificate of Status	-
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  NEW FILINGS	AMENDMENTS  Amendment Resignation of R Change of Regis Dissolution/With Merger	_	· -
OTHER FILINGS  Annual Report Fictitious Name	Foreign Limited Partners Reinstatement Trademark Other		
		Examiner's Initials	

CR2E031(7/97)

## STATEMENT OF CHANGE OR 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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corporation is: AMERICAN	LEBANI	ESE ENGINEERING SOC	ETY, IN	C.		
2.	Then mailing address of the corporation is:		34 <sup>th</sup> Street, 3 <sup>rd</sup> Floor do, Florida 32805				
3.	Date of incorporation/qualification: January 22,	, 1991	Document number: N417	744			
4.	The name and address of the current registered	dress of the current registered agent and office:		$\overline{\mathbf{p}}_{tc}$			
	Mr. A. Tom Harb 3300 34 <sup>th</sup> Street, 3 <sup>rd</sup> Fl Orlando, Florida 3280			E THIS	00 NOV 20	634 634 634	
5.	The name and address of the new registered age	ent and of	fice: (P.O. Box Not Accept	able)	R		
	Michael C. Sasso, Esq Dempsey & Sasso 390 North Orange Ave Orlando, Florida 3280	enue, Suit	e 2700	LORIDA	8: 03		
The str	eet address of its registered office and the street ac	ddress of	the business office of its reg	gistered aş	gent, a	is	
Such cl by the l	hange was authorized by resolution duly adopted board.	y its boa	rd of directors or by an offic	er so autl	orize	d	
	(Signature of an office: chalmen of the board)	<u> </u>	June	12-0	-ن		
	(Primled or typed name and title)	<u> </u>	(Date)	.· •			
nereoy with the	been named as registered agent and to accept se accept the appointment s registered agent and ag e provisions of all statutes relative to the proper r with and accept the obligation of my position a	gree to ac r and con	t in this capacity. I further nplete performance of my d	agree to a	mnl		
	Mullar Sast		11-17-	-00	<b>-</b>	- 	
If signir	ng on behalf of an entity:		(Date)				
	(Typed or Printed Name)		(Capacity)	<u>:.                                    </u>	-	÷.	
*** FILING FEE: \$35.00 ***							

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314