Q11694

(Requestor's Name)
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R. WHITE

COVER LETTER

	istration Section sion of Corporations			
SUBJECT:	AWATA CORPORATIO	N		
	(Name of Alien Business Organization)			
Dear Sir or N	Madam:			
	d Statement of Change of bmitted for filing.	Registered Agen	VRegistered Office for Alien Business Organization and	
Please return	all correspondence conc	erning this matter	to the following:	
ALIKHAN				
	(Name of Persor	n)		
STRACHAN	-KHAN REGISTERED AC	GENTS, INC		
	(Firm/Company)		
4700 NW BO	OCA RATON BLVD., #304			
	(Address)			
BOCA RATO	ON. FL 33431			
	(City/State and Zip C	ode)		
For further in	nformation concerning th	is matter, please c	all:	
ALI KHAN		561 at (241-9991	
	(Name of Person)		le & Daytime Telephone Number)	
Regi Divi P.O.	ling Address: istration Section ision of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is	a check for the following	g amount:		
≅ \$35.00 Fil	ling Fee	☐ \$43.75 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

AWATA CORPORATION		
03/20/1990	(Name of alien business organization) 3. Q11694 4.	
(Florida registration date) 785 WONDERLAND ROAD		(FEI Number, it applicable) 1M6 CANADA
	(Principal office address)	
_	tered agent and office currently on record v	with this office:
4710 NW BOCA	A RATON BLVD., ≠101	
BOCA RATON.	FL 33431	
New registered agent and/o	or office address:	
STRACHAN-KI	IAN REGISTERED AGENTS, INC.	
4700 NW BOCA	ARATON BLVD., #304	
BOCA RATON,	FL 33431	-
(8	lote: Registered office must be a Florida street addi	ress)
registered agent are identical	ed by the board of directors or an officer of	>
V CHANZYA	(Signature of chairman, vice chairman, or officer) (Name and capacity of person signing in number 16	1702 0 above)
. Signature of new registere I hereby accept the appoi obligations of section 60	ntment as registered agent. I am familiar	with and accept the
(Rygistyred agent acco	epting appointmenti	7/7/21

FILING FEE: \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314