P11000009059

(Requestor's Name)
(Address)
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(Addiess)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
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(Business Littly Name)
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EXAMINER

COVER LETTER

Division of Corporations							
SUBJECT: AHASAN E	NTERPRISES, INC.						
N	lame of Corporation						
DOCUMENT NUMBER: P11000009059							
The enclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning t	his matter to the following:						
9	AIFA S AHASAN						
Name of Contact Person							
AHASAN	ENTERPRISES INC.						
	Firm/Company						
1780 M	ONTICELLO STREET						
	Address						
DE	LTONA, FL 32725						
City/State and Zip Code							
0.1-1.11401	10 and a						
SAIFAAHASAI	N @ GMAIL . COM sed for future annual report notification)						
E-mail address: (to be u	sed for future annual report notification)						
For further information concerning this matter	, please call:						
CAIFA C ALIADAN	200						
SAIFA S AHASAN Name of Contact Person	at (386) 479-8203 Area Code & Daytime Telephone Number						
Number Contact Losson	The Court of Buy and Total field the first						
Enclosed is a \$35.00 check made payable to the	ne Department of State.						
Mailing Address:	Street Address:						
Amendment Section	Amendment Section						
Division of Corpora							
P.O. Box 6327 Tallahassee, FL 323	Clifton Building 2661 Executive Center Circle						
1 ahanassee, FL 323	2001 EXECUTIVE CERTER CIRCLE						

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of FLORIDA	
1. The name of	the corporation: AHAS	AN ENTERP	RISES, INC.		
2. The principal	l office address: 1910 S	. VOLUSIA AVI	= .		
	ORAN	GE CITY, FL 32	2763		
3. The mailing	address (if different): 17	80 MONTICELL	O STREET		
	DE	ELTONA, FL 32	725		
4. Date of incor	poration/qualification:	1/27/2011	Document number:	P110000090	59
	d street address of the cur rtment of State: (If resign		t and registered office on f	ile with the	
	SAJJATUL AHASA	N (AGENT & P	RESIDENT)	 	
	1780 MONTICELL	O STREET			
	DELTONA, FL 327	25			
6. The name and (if changed):	SAIFA S AHASAN		f changed) and /or register	ed office	11 MAR 21 PH 12: 01
	1780 MONTICELL				3
	DELTONA, FL 327	P.O. Box NOT acc	eptable		
as changed will	ess of its registered office be identical.	e and the street add	ress of the business officer tits board of directors or ed in writing of the chang		,*•
Signatu	A Alasan Roll and Officer or director		SAIFA S A		······································
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regi- to comply with the provis of I am familiar with and ing filed merely to reflect s been notified in writing	stered agent and ag sions of all statutes accept the obligat a change in the re of this change.	gree to act in this capacity relative to the proper an ion of my position as regi gistered office address, I	V	nce this the
1 Sa	Mason Hason		3/14/20 Date	11	
If signing on be	half of an entity:				
SAIFA S	AHASAN yped or Printed Name				

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