

L16000 146 045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

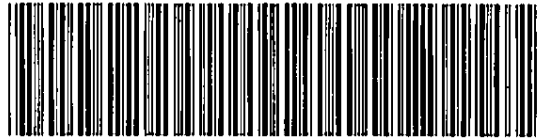
(Business Entity Name)

(Document Number)

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2219 AUG -2 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 10 2003
CINCINNATI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REGISTERED AGENT NAME & ADDRESS CHANGE
Name of Limited Liability Company

2008 AUG -2 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HAFEEZ ALI

Name of Person

BEAUTIFUL WINDOWS OF DAVIE, LLC.

Firm/Company

10220 WEST STATE ROAD 84 SUITE 16

Address

DAVIE, FL 33324

City/State and Zip Code

megatradersltd@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAFEEZ ALI

Name of Person

at (954) 253-7465

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: BEAUTIFUL WINDOWS OF DAVIE, LLC.

2. (a) 10220 W STATE ROAD 84 SUITE# 16 (b) 10220 W STATE ROAD 84 SUITE# 16
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

DAVIE, FL 33324

DAVIE, FL 33324

08/04/2016

L16000146045

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
MIKE'S TAX AND ACCOUNTING, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

269 N UNIVERSITY DRIVE SUITE B

PEMBROKE PINES, FL 33024

2019 AUG -2 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

NAEEM CPA, PA

NEW Registered Office Address:

833 SHOTGUN ROAD SUITE #106

SUNRISE, FL 33326

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.

[Signature]
Signature of a member or authorized representative of a member

FARYAL ALI - AMBR

Printed or typed name of signer

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 605, 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.

Muhammad Naeem
Signature of Registered Agent