

DD6000000003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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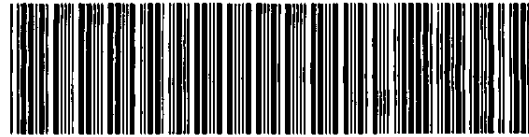
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FL 32304

RAJ  
Tlewis  
12-16-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Coptic Christian Irrevocable Trust  
Name of Corporation

**DOCUMENT NUMBER:** DO 6000000003

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:

Sylvia Zaklana  
Name of Contact Person

Firm/Company

8650 SW 67 Ave. Apt #1004  
Address

Pinecrest, FL 33156  
City/State and Zip Code

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

For further information concerning this matter, please call:

at (  )  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2011

ASHRAF & CECELIA FAHMY  
6795 SW 98TH STREET  
MIAMI, FL 33156-3220

SUBJECT: THE COPTIC CHRISTIAN IRREVOCABLE TRUST  
Ref. Number: D06000000003

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 611A00023634

2011 OCT 14 PM 4:11

(320) 245-6880

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

RECEIVED  
14 NOV 21 AM 8:08  
TALLAHASSEE, FLORIDA

Coptic Christian Irrevocable Trust  
Document # D06000000003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Change of Process Server

Dear Sir/Madame,

Please take legal notice that the Board of Trustee after having a meeting decided on the following:

1. As of this date, Elain Boulaes is appointed as the process server at the following address 8650 SW 67 Ave. Apt# 1004, Pinecrest, FL 33156
2. As of this date, the current process service, Ashraf Fahmy is hereby relinquish his position as process server.
3. Everything remains the same.

Dated: 08/09/2011

*Sylvia Zaklana*  
Sylvia Zaklana, Trustee

USA Passport # 311345890  
Exp 7-5-14

Notary

*Marlene H. Piaia*



RECEIVED  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

11 OCT 11 AM 8:02

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS / Declaration of TRUST

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: The Coptic Christian Irrevocable Trust
2. The principal office address: 8650 SW 67 Ave. Apt # 1004  
Princeton, FL 33156
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 2/14/2006 Document number: DO6000000003
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ashraf Fahmy  
6795 SW 98<sup>th</sup> Street  
Miami, FL 33156-3220

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

Elain Boulaes  
8650 Sw 67 Ave. Apt# 1004  
P.O. Box NOT acceptable  
Pinecrest, FL 33156

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 of an officer or director: Sylvia Zaklame, Trustee Printed or typed name and title: Sylvia Zaklame, Trustee

*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. Or, 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.*

Ellen Boulos  
Signature of Registered Agent

11/15/201  
Date

**If signing on behalf of an entity:**

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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11 NOV 21 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA