Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000070648 3)))



H210000706483ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

				
To:	Division of C	ornorations		
	rax Number	: (850)617-6380		
From:				
	Account Name	: REGISTERED AGENTS INC.		1/2
	Account Numbe	r : I20090000081		
	Phone	: (307)200-2803		
	Fax Number	: (855)330-1010		ر <u>ت.)</u> ابت.
	7 5% (15	. (432,434 1414		=-
Enter the	email address fo	or this business entity to be used	l for futu	re ⊔re
		. Enter only one email address pl		PH
Email Address:				\sim
				\sim
			1.1	0

REGISTERED AGENT CHANGE PAX ASSIST, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help FEU 3 2 2021

STATEMENT OF CHANGE OF 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, this statement of change is submitted for a corporation organized under the laws of the State of $\frac{NY}{N}$
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PAX ASSIST, INC.
2. The principal office address: BLDG 151 JFK AIRPORT #301F JAMAICA, NY 11430
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/01/2014 Document number: F14000001493
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)
ASMAHAN DAHBALI
149 BEACH 73RD STREET
ARVERNE, NY 11692
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Registered Agents Inc.
7901 4th St N STE 300
P.O. Box NOT acceptable
St. Petersburg FL 33702
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.
ASMAHAN DAHBALI - President Signature of an officer or director Printed or typed name and title
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.
Bee 1 2/19/2021
Signature of Registered Agent Date
If signing on behalf of an entity:
Bill Havre
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 (03/12)