F1900000908

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

Zahadi Inc Name of Corporation SUBJECT:

DOCUMENT NUMBER: F19000000908

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:

Mane of Contact Person	
Zahieli İric Firm/Company	_
5825 Mauntain Creek Road	
Atlanta, Georgia 30328 City/State and Zip Code	19 19
City/State and Zip Code (10.53037.8@ Y0.400 - COM	APR -8
E-mail address: (to be used for future annual report notification	

For further information concerning this matter, please call:

Masoud Zahedi	at (404, 229-6330)
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

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CR2E045 (03/12)



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2019

MASOUD ZAHEDI ZAHEDI INC 5825 MOUNTAIN CREEK ROAD ATLANTA, GA 30328

SUBJECT: ZAHEDI, INC. Ref. Number: F19000000908

We have received your document for ZAHEDI, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 819A00005989



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassoo, Florida 32314

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 $\underline{FigridG}$ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Zahadi Inc
2. The principal office address: 5825 Mountain Creek Road
Atlenia, GA 30328
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>2212019</u> Document number: <u>F190000()0908</u>
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)
Marzieh Zahedi (Resigned)
14453 Brach Blud
Jacksonwille, FL 32250
6. The name and street address of the new registered agent (if changed) and /or registered office
nasoud Zahadi
NI POBODOBED 14453 Beach Blars HANDER DO BOX NOT acceptable Jack Son ville FL - 32250
MARDONSONS Jacksonville_FL-32250
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 by resolution duly adopted by its board of directors or by an officer so

Such charge 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.

A Signature of an officer or director

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Printed or typed name and life

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 canfirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

If signing on behalf of an entity:

HHE yped 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)