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| (Requestor's Name) | | |
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| · PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
| (Business Entity Name) | | |
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| . (Document Number) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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T. HAMPTON

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| | | |
| | YAL GLOBAL EXPORTS LLC | |
| Nai | ne of Limited Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Regis | tered Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence conc | erning this matter to the following: | |
| | | |
| MUNAWAR IQB. | Al | |
| Name of Person | , Na | |
| | | |
| ROYAL GLOBAL EXPO | PRTS LLC ' | |
| Firm/Company | | |
| | | |
| 7525 NW 61st TERR | # 2003 | |
| Address | # 2300 | |
| | | |
| DADIZIAND EL 20 | 2067 | |
| PARKLAND, FL 33 City/State and Zip Code | | |
| | | |
| ikeighal@yahoo | com | |
| ikeiqbal@yahoo.c | report notification) | |
| | | |
| For further information concerning th | is matter, please call: | |
| | | |
| MUNAWAR IQBAL | at (954)8215881 | |
| Name of Person | Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRES | S: MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | |
| Tallahassee, Florida 32301 | | |
| 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 608.416 or 608.508, 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:R(| OYAL GLOBAL EXPORTS LLC |
|---|--|
| 2. (a) Principal office address of limited liability comp | * |
| (Note: MUST BE STREET ADDRESS) | SUITE 300,3rd FLOOR,CORAL SPRING FL 33065, TEL 9548250401/02 |
| (b) Mailing address of limited liability company: | 9900 W SAMPLE ROAD, |
| (Note: MAY BE POST OFFICE BOX) | SUITE 300,3rd FLOOR,CORAL SPRING FL 33065, TEL 9548250401/02 |
| AUGUST 03, 2009 | L09000074238 |
| 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: |
| Registered Agent: | ADAM ZALKA |
| Registered Office Address: | 6437 NW 99TH AVE PARKLAND, FL 33076 |
| NEW Registered Agent: NEW Registered Office Address: | MUNAWAR IQBAL 7525 NW 61st TERR # 2903 |
| (MUST BE FLORIDA STREET ADDRESS) | PARKLAND, ,FL33067 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as ot or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | e Florida street address of the registered office entical. Or, in the case of a Florida limited escape (s) was/were authorized by an affirmative Fate |
| MUNAWAR IQBAL | |
| Printed or typed name of signee | RAI |
| I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp | d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for merely reflect a change in the registered office any has been notified in writing of this change. |
| Signature of Registered Agent | •• |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00