

L14000046285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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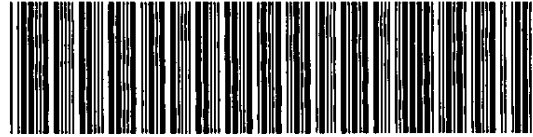
(Business Entity Name)

(Document Number)

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14 MAY 23 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 06 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NABISON ENTERPRISES, LLC
Name of Corporation

DOCUMENT NUMBER: KG-5/19/14

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:

KHURAM GHORI
Name of Contact Person

NABISON ENTERPRISES, LLC
Firm/Company

5221 BEACH RIVER RD
Address

WINDERMERE FL-34786
City/State and Zip Code

AZARZOOBI@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KHURAM GHORI at (860) 593-2222
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

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NABISON ENTERPRISES, LLC
2. The principal office address: 5221 BEACH RIVER RD
WINDERMEERE FL-34786
3. The mailing address (if different): 13506 SUMMERPORT VILLAGE PKWY
SUITE-332 WINDERMEERE-FL-34786
4. Date of incorporation/qualification: 3/20/14 Document number: L 14 000046285

~~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)~~

KHURRAM W. GHORAI
5221 BEACH RIVER RD
WINDERMEERE FL-34786

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

KHURRAM W. GHORAI
5221 BEACH RIVER RD
P.O. Box NOT acceptable
WINDERMEERE FL-34786

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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.

M. Ghora
Signature of an officer or director

MANAGER - KHURRAM W. GHORAI
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.

M. Ghora
Signature of Registered Agent

MANAGER - KHURRAM W. GHORAI
Date

If signing on behalf of an entity:

Typed or Printed Name

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