

21  
L14000046285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

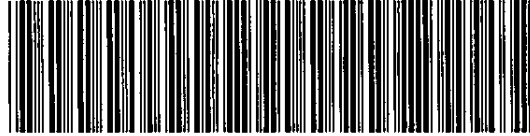
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000274715070

07/08/15--01003--002 \*\*35.00

FILED  
15 JUL 30 AM 7:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 03 2015  
J SHIVERS

207



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2015

KHURAM GHORI  
3709 W HAMILTON AVE UNIT 4  
TAMPA, FL 33614

SUBJECT: NABISON ENTERPRISES LLC  
Ref. Number: L14000046285

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

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 015A00014441

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NABISON ENTERPRISES, LLC  
Name of Corporation

**DOCUMENT NUMBER:** KG 7/6/15

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:

KHURRAM W. GHORI  
Name of Contact Person

NABISON ENTERPRISES, LLC  
Firm/Company

3709 W. HAMILTON AVE UNIT 4  
Address

TAMPA FL-33614  
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:

KHURRAM 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  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: NABISON ENTERPRISES, LLC

2. (a) 3709 W. HAMILTON AVE  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) P.O. BOX 270663  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

SUITE 4  
TAMPA FL-33614

TAMPA FL-33688

3. 3/20/14  
Date of filing/registration in Florida

4. L14000046285  
Document number

5. (a) KHURRAM W. GHORI 5221 BEACH RIVER RD WINDERMEER FL-34786  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5221 BEACH RIVER RD  
WINDERMEER FL 34786

(b) KHURRAM W. GHORI  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3709-W HAMILTON AVE  
**NEW Registered Office Address:**  
SUITE 4 TAMPA FL-33614

\_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

M. Ghori  
Signature of a member or authorized representative of a member

KHURRAM W. GHORI  
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

M. Ghori  
Signature of Registered Agent

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