

L16000046533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

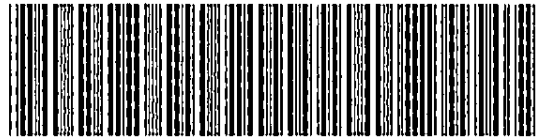
(Business Entity Name)

(Document Number)

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17 DEC -4 AM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
DEC 04 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2017

MOAZZAM NAIM
7569 TOPIARY AVENUE
BOYNTON BEACH, FL 33437 US

SUBJECT: MOAZZAM VENTURES LLC
Ref. Number: L16000046533

We have received your document for MOAZZAM VENTURES 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 517A00023399

2017 DEC -4 AM 11:56

MAIL ROOM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOAZZAM VENTURES, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOAZZAM NAIM

Name of Person

MOAZZAM VENTURES, LLC

Firm/Company

7569 TOPIARY AVENUE

Address

BOYNTON BEACH, FL 33437

City/State and Zip Code

MOAZZAMNAIM@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOAZZAM NAIM at (954) 600-6694
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 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: MOAZZAM VENTURES, LLC

2. (a) 7569 TOPIARY AVENUE (b) SAME AS ABOVE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

BOYNTON BEACH, FL 33437-7538

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

03/05/2016

L16000046533

3. Date of filing/registration in Florida

4. Document number

5. (a) 1224 INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

403 NW 68TH AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 118

PLANTATION, FL 33317

(b) MOAZZAM NAIM

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7569 TOPIARY AVENUE

NEW Registered Office Address:

BOYNTON BEACH, FL 33437

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.

Signature of a member or authorized representative of a member

MOAZZAM NAIM

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.

Signature of Registered Agent

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

FILED
17 DEC -4 AM 3:53
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS