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SECRETARY OF STATE
ALLAHASSEE FLORIDA

S. WARREN OCT 2 4 2017

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AR 786 CONSULTANTS, 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:		
RABIA SYED Name of Person		
AR786 CONSULTANTS LLC Firm/Company		
6892, 62nd Ave N		
Priveras Park / FL 3378 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
RABIA SYED at (727) 259 3290		
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: AR 786	6 CONSULTANTS LLC:
2. (a) 6892 62nd Ave N Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Same of office address Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Pinellas Park FL	
33781	
September 20, 2016	L1 6000175417.
September 20, 2016 Date of filing/registration in Florida	4. Document number
5. (a) RABIA SYED.	
Registered Agent and Registered Office shown on the records of the I	
Registered Office Address (MUST BE FLORIDA STREET ADE	-
Pinellas Paric	
	20101
, FL	33181
(b) MALIK GHAYAS UDDIN	
Enter name of NEW Registered Agent and/or NEW Registered Off	
Same as Principal of	
addren.	
, FL	
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liabil was/were authorized by an affirmative vote of the members of the the articles of organization or the operating agreement of the lim	e registered office and the business office of the registered lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in nited liability company.
Kahl	RABIA SYED Printed or typed name of signee
Signature of a member or authorized representative of a member	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address, I here notified in writing of this change.	to act in this capacity. I juriner agree to comply with the rformance of my duties, and I am familiar with and accept or in Chapter 605, F.S. Or, if this document is being filed eby confirm that the limited liability company has been
Signature of Registered Agent	

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