

L17000061769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

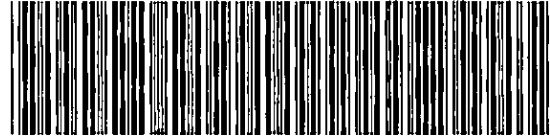
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200302869812

200302869812
08/24/17--01029--010 **25.00

FILED
17 AUG 26 11:22
FBI - NEW YORK

D. SCOTT

AUG 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hadithi, PLLC

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:

Mohammed Al Hadithi

Name of Person

Ur-Smile Dental

Firm/Company

1110 SE 18th Place, Bldg 200

Address

Ocala, FL 34471

City/State and Zip Code

dr.alhadithi@gmail.com

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

For further information concerning this matter, please call:

Mohammed Al Hadithi

Name of Person

786

4516771

at ()

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

FILED
17 AUG 21 PM 11:27
TALLAHASSEE, FL
FILING OFFICE

**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: Hadithi, PLLC

2. (a) Hadithi, PLLC (b) Hadithi, PLLC

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

8307 Fox Haven dr.

McLean, VA. 22102

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

8307 Fox Haven Dr.

McLean, VA 22102

03/20/2017

L17000061769

3. Date of filing/registration in Florida

4. Document number

5. (a) Business Filings Incorporated

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

1200 South Pine Island Road,

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

(b) Mohammed AL Hadithi

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

1110 SE 18th Place

NEW Registered Office Address:

Bldg 200

Ocala, FL 34471

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.

Mohammed Al Hadithi

Signature of a member or authorized representative of a member

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