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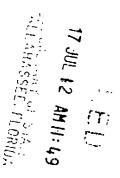
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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COVER LETTER

INHS18 (2/14)

	distration Section dision of Corporations		
SUBJECT:	CAR BAZAZ LLC		
SOBJECT.	-	ne of Limite	d Liability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered Off	fice Change	and fee(s) are submitted for filing.
Please retur	n all correspondence concerning th	nis matter to	the following:
IBRAHIM	IBRAHIM		
	Name of Person		
car bazaz	: Ilc		
	Firm/Company		
33 e cami	no real apt # 608		
	Address		
boca rator	n fl 33432		
	City/State and Zip Code		
it4invest@	gmail.com		
E-mail	address: (to be used for future and	nual report i	otification)
For further i	nformation concerning this matter.	, please call	
IBRAHIM		, 561	990-6731
	Name of Person	at (Area Code & Daytime Telephone Number
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enc	losed is a check for the following	g amount:	
2 1 \$	25 Filing Fee	C	\$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.

. Na	me of the limited liability company:car bazaz llc	·	
. (a)	33 e camino real apt # 608	(b)	
	Principal office address of limited liability company:		Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) boca raton fl 33432		(Note: MAY BE POST OFFICE BOX)
	DOCA FAIGHTH 33432		
	Date of filing/registration in Florida	4.	Document number
(a)	5/30/2017	,,	Document named
(11)	Registered Agent and Registered Office shown on the records of th	ne Florida Dent. of	State:
	ALKUBAISI, TAHA A		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<u> </u>
	33 e camino real apt # 608		
	boca raton, FI.	33432	- _
(h) .	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	
			SSS
	NEW Registered Office Address:		
	ibrahim ibrahim		ORIUM CO
	33 e camino real apt#910 boca raton .FL	33432	Toul 12 MH: 19 LEARNING FOR TORRIOR
'.L. 1'			
e chai gent w as/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of thes of organization or the Person organization or the Person of the Person organization or the Person or the Pe	he registered of bility company, "the limited liah	ffice and the business office of the registered it is hereby confirmed that the change(s) willty company or as otherwise provided in
		•	SI, TAHA A
Signatu	are of a member of authorized representative of a member		Printed or typed name of signee
ovisic e oblij mere.	y accept the appointment as registered agent and agre ms of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. The in writing of this change	e to act in this overformance of for in Chapter areby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been

Signature of Registered Agent