

L17000 247953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

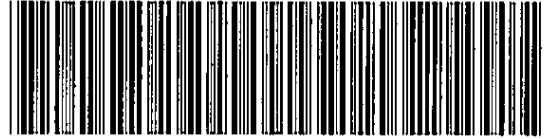
(Document Number)

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2019 OCT - 7 PM 4:59

FILED

C. GOLDEN

OCT - 9 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZOHRA ENTERPRISE 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:

LATIF-JANGDA, MOHAMMAD JAWED

Name of Person

ZOHRA ENTERPRISE LLC

Firm/Company

11485 HIBBS GROVE DRIVE

Address

COOPER CITY, FLORIDA

City/State and Zip Code

FORHEALTHYMIND@GMAIL.COM

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

For further information concerning this matter, please call:

LATIF-JANGDA, MOHAMMAD JAWED at (954) 240-9500
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2019

MOHAMMAD LATIF-JANGDA
11485 HIBBS GROVE DRIVE
COOPER CITY, FL 33330

SUBJECT: ZOHRA ENTERPRISE LLC
Ref. Number: L17000247953

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The entity's date of incorporation/organization must be listed in the document.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return 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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 319A00019046

RECEIVED
2019 OCT -7 PM 2:44

**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: ZOHRA ENTERPRISE LLC

2. (a) 11485 HIBBS GROVE DR (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

COOPER CITY, FLORIDA 33330

12/04/2017

L17000247953

3. Date of filing/registration in Florida

4. Document number

5. (a) CORPORATE CREATIONS NETWORK INC.

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

11380PROSPERITY FARMS RD #221E

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PALM BEACH GARDEN, FL 33410

(b) LATIF-JANGDA, MOHAMMAD JAWED

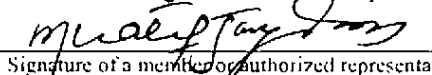
Enter name of NEW Registered Agent and/or NEW Registered Office address:

11485 HIBBS GROVE DRIVE

NEW Registered Office Address:

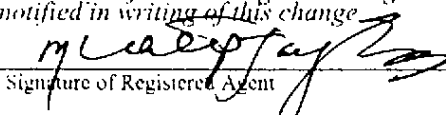
COOPER CITY, FL 33330

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.

 9/26/19
Signature of a member or authorized representative of a member

LATIF-JANGDA, MOHAMMAD JAWED (CEO)
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.

 9/26/19
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

2019 OCT - 7 PM 4: 59

FILED