## L18000210786

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## **COVER LETTER**

Division of Corporations	
Sahar Naiem CPA, LLC SUBJECT:	
	f 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 m	natter to the following:
Sahar Naiem	
Name of Person	<del></del>
Sahar Naiem CPA, LLC	
Firm/Company	
16135 Emerald Estates Dr. Apt. 364	
Address	<del> </del>
Weston, FL 33331	
City/State and Zip Code	
sjnaiem@gmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Sahar Naiem	908 208-3218 at ( )
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following am	ount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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.	Na	me of the limited liability company: Sahar Naiem C	PA, LLC	:		
2	(a)		(	(b)		
	(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)	М	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		16135 Emerald Estates Dr. Apt 364			16135 Eme	erald Estates Dr. Apt 364
		Weston, FL 33331			Weston, FL	L 33331
		09/04/2018		L	180002107	786
3.		Date of filing/registration in Florida	4.	_		Document number
5.	(a)	Sahar Naiem				
٠.	(2)	Registered Agent and Registered Office shown on the records of	the Florid	da I	Dept. of State:	2020 FEB
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		14520 Jockey Circle South	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>, , , , , , , , , , , , , , , , , ,</u>		SP 18
		Davie , FI	33330 L_	_		SEEE OF THE SEE OF THE
						GEST :
	(b)	Enter name of NEW Registered Agent and/or NEW Registered			<del></del>	21 21 21 21 21 21 21 21 21 21 21 21 21 2
		Enter name of NEW Registered Agent and/or NEW Registered	d Office a	<u>dd</u>	<u>ress</u> :	
		Sahar Naiem	,			
		NEW Registered Office Address:				
		16135 Emerald Estates Dr. Apt 364			<del>.</del>	
		Weston	33331			
ch age wa the left on o	ange ent v is/we arti Signa herel ovisi e obl mero tified	imited liability company is not organized under the later changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of organization or the operating agreement of the authorized representative of a member of authorized r	e register ability c of the lir limited	red on nit lia	office and npany, it is I ed liability comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  **Number Confirmed**  **Printed or typed name of signee**
Si	gnatu	e of Registered Agent				