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COVER LETTER

то:	Registration Section Division of Corporations		y 6 - 1			
CIID II	INTERNATIONAL TOBACCO	LEAF LLC				
.voba	ECT: Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered (Office Change a	and fee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to t	he following:			
RASH	EED A ALMASARWEH					
	Name of Person					
INTER	NATIONAL TOBACCO LEAF LLC					
	Firm/Company					
19871	SW 3RD PLACE					
	Address					
РЕМВ	ROKE PINES , FL 33029					
	City/State and Zip Cod	le	,,			
ADAM	_SALAMEH@YAHOO.COM					
I	-mail address: (to be used for future	annual report no	otification)			
For fu	rther information concerning this mat	ter, please call;				
RASH	EED A ALMASARWEH	954 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 follow	ing amount:				
■ \$25 Filing Fee			S55 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. Na	une of the limited liability company:	AL TOBAC	CO LEAF LLC		
	21101 NW 37 AVE		19871 SW 3RD PLACE		
- (()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MIAMI GARDENS		Mailing address	of limited liability company: BE POST OFFICE BOX)	
	FL 33029		FL 33029		
	JANUARY 28 2019	l	.19000027897		
3. 5. (a)	Date of filing/registration in Florida ALAA M DAAS	4.	Document no	umber	
, · (a)	Registered Agent and Registered Office shown on the records of 19871 SW 3RD PLACE	f the Florida			
	Registered Office Address (MUST BE FLORIDA STREET) PEMBROKE PINES				
	, F	33029 L		19	
(b)	RASHEED A ALMASARWEH			DEC FI	
	Enter name of NEW Registered Agent and/or NEW Registere		-5 MI		
	NEW Registered Office Address:			4: 55 1:41 0:00 0:00	
	, F				
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the le registere iability coror the limited li	State of Florida, it is her d office and the business upany, it is hereby conf ted liability company or	s office of the registered in irmed that the change(s) r as otherwise provided in	
Signa	ture of a member or authorized representative of a member		Printed or type	ed name of signee	
provisi the obl to mere notified	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I it is synthing of this change.	gree to act e performa ed for in C hereby co	n this capacity. I furthence of my duties, and I obtained for the form that the limited lice	er agree to comply with the am familiar with and accept this document is being filed ability company has been	