LZ0000 122 457

(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:
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2024 MAY 15 PH 1:52
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	*	•		
SUBJECT: EXCAL	lame of Limited Lia	ability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change and t	ec(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the fe	ollowing:		
Ali Tahanzeb Name of Person		_		
EXCALI		_		
Firm/Company 2155 West Maya Address	Palm Dr	_		
Boca Raton, FL City/State and Zip Code	33432	_	20 S	
E-mail address: (to be used for future a	nai(. com	eation)	2024 HAY 15 PM SECRETARY OF TALLAHASSEE	energinal constant co
For further information concerning this matter	er, please call:		PH I	اي ا محمد
Ali Jahanzeh Name of Person	at (<u>901</u>		## 52 52	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee		

Enclosed is a check for the following amount:

\$25 Filing Fee

Tallahassee, FL 32314

☐ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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.	Nai	me of the limited liability company:EX_C	ALI	Li	د		
,	, _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)			
		2155 West Maya Palm D)v_	2155	West	Marga P	latin Dr
		Boca Raton, FL 3343	2_	Bocc-	West Raton	FL 3	33432
		05/06/2020 12			0000122	.457	
3.		Date of filing/registration in Florida	4.	1	Document nun	iher	
5. ((a)						
		Registered Agent and Registered Office shown on the records					
		Registered Office Address MUST BE FLORIDA STREE	He				
		Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)				
		1150 NW 721 Are Tover	/ Su	te 45	5	202 SE	
		1150 NW 72nd Are Tover Miami	FL. 33	126		2024 HAY 15 SECRETAR TALLAH	**************************************
	i. s					ARY 15	Market St.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u>				ress:	SSEE S		
		Ali Jahanzeb				1:52 STATE	N Interest
		NEW Registered Office Address:				• • •	
		2155 West Wayn Palm	1 Dr				
		Boca Raton	FI. 334	132			
charager was, the a	nge wei wei artic gnatt gnatt reh isid	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the operating agreement of the operation of the authorized representative of a member of a vaccopt the appointment as registered agent and complegations of my position as registered agent as provided.	the registered liability constants of the limited liable limited liable	l office and upany, it is bed liability distilled the company of this capacite of my disapter 605.	the business of hereby confirm company or a sany. Printed or typed to tries, and I am F.S. Or, if this	office of the remed that the class otherwise proceed agree to composition with a document is	gistered hange(s) ovided in ly with the and accept being filed
to m	cre	ly reflect a change in the registered office address, in writing of this change.	Thereby con	firm that th	e limited liabi	lity company)	has been
Sign	atur	c of Registered Agent					

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

• FILING FEE: \$25.00