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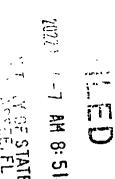
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
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November 4, 2022

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

Re: Statement of Change of Registered Agent

To Whom It May Concern:

I am mailing this Statement of Change of Registered Agent on behalf of my Client, Al-Inam LLC.

Enclosed, please find the form for Statement of Change of Registered Agent and Cover Letter. I have also enclosed a check in the amount of \$25 for the filing fee.

Should you have any questions, please do not hesitate to contact me. Thank you for your time and attention to this matter.

Sincerely

Matthew Bolewitz, Esq. Phone: (412) 294-8444

Email: mbolewitz@cozzalaw.com

COVER LETTER

TO: Registration Section Division of Corporations					
Al-lnam LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Matthew Bolewitz, Esq.					
Name of Person					
Cozza Law Group PLLC					
Firm/Company					
400 Holiday Drive, Suite 210					
Address					
Pittsburgh, PA 15220					
City/State and Zip Code					
mbolewitz@cozzalaw.com					
E-mail address: (to be used for future annual report	rt notification)				
For further information concerning this matter, please c	all:				
Matthew Bolewitz, Esq. 41	294-8444				
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 amount	:				
■ \$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.

l. Na	ome of the limited liability company: Al-Inam LLC			
2. (a)	7901 4th Street N.	(b)	7901 4th Street N.	
. (")	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 4000	Su	uite 4000	
	St. Petersburg, FL 33702	St	t. Petersburg, FL 33702	
	10/19/2021	L21	1000455552	
3.	Date of filing/registration in Florida	— _{4.} —	Document number	
5. (a)	Inam, Waleed			
i. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dej	pt. of State:	
	6758 Arnoldson Street			
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)		
			202	
	Orlando	32827	2022 NOV - 7	
	, F	L		
(b)	Registered Agents Inc		<u></u>	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres		
	7001 4th Sweet N		8: 5 FIA	
	7901 4th Street N.	<u> </u>		
	NEW Registered Office Address:		•	
	Suite 300			
	St. Petersburg	33702 L		
f tha li	imited liability company is not organized under the la	aws of the Sta	te of Florida, it is hereby confirmed that after the	
hange	or changes are made, the Florida street address of th	e registered of	ffice and the business office of the registered	
gent w	vill be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members	iability compa	any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
he arti	cles of organization or the operating agreement of the	e limited liabi	lity company.	
	Hath (Boling)	Matthew	Bolewitz, Esq Attorney of Record	
	the of a member or authorized remesentative of a member		Printed or typed name of signee	
rovisi he obli o mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act in t eperformance ed for in Chap hereby confir	this capacity. I further agree to comply with the e of my duties, and I am Jamiliar with and acceptoter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	
	Bell Hame			
SIGNABII	re of Registered Agent			