ND4000005168

(Re	equestor's Name)	
(Address)		
(Address)		
•		
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer: ed drument phu- p	
Correct	ed drumm	
by tele	phu-	
Can -	Th 7/20/57	
	' ' '	
Office Use Only		



900105822799

07/16/07--01039--004 **70.00

RA Rocks

07 JUL 16 AM 10: 48
SECRETARY OF STATE

T. Reberts JUN 20200

TO:

Amendment Section

COVER LETTER

Division of Corporations SUBJECT: First Coast Asian American Chamber of Commerce (Name of Corporation) DOCUMENT NUMBER: N04000005168 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mary Grace Asaadoghli (Name of Contact Person) First Coast Asian American Chamber of Commerce (Firm/Company) 9951 Atlantic Blvd., Suite 469 (Address) Jacksonville, FL 32225 (City/State and Zip Code) For further information concerning this matter, please call: Mary Grace Assadoghli (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	•	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida red agent, or both, in the State of Florida.
	the corporation: First Coast Asian Am I office address: 9951 Atlantic Blvd., S	nerican Chamber of Commerce, ±1,
2. The principal	Torrice address; 3337 Addride Bivd., Si	uite 407, Jacksonville, 1 L 32220
3. The mailing a	address (if different):	
4. Date of incor	rporation/qualification: 05/21/2004	Document number: N0400005168
	nd street address of the current registered agorthment of State:	gent and registered office on file with the
	Chauhan, Anjna	
	76 S. Laura St.	Tall R
	Jacksonville, FL 32202	AHE IS
6. The name and (if changed):	nd street address of the new registered agen	at (if changed) and /or registered office
	Mary Grace Assasdoghli	
	9951 Atlantic Blvd., Suite 4	
	(P.O. Box NOT acceptable) Jacksonville, FL 322285	
The street addr		address of the business office of its registered agent,
		by its board of directors or by an officer so tiffed in writing of the change.
Defignation	fure of an oblicer of director)	Nestor I. Papel DIRECTOR (Printed or typed name and title)
	,	d agree to act in this capacity, utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
(<u>S</u>	Signature of Registered Agent)	Tuly 9, 2007
•	ehalf of an entity:	1 (3.2.)
	(Typed or Printed Name)	
	* * * FILING FE	E: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)