

ND5000007265

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R.A. Rolch  
10/11/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Alliance of Egyptian Americans Corporation  
Name of Corporation

**DOCUMENT NUMBER:** N05000007265

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:

H. Richard Bisbee

Name of Contact Person

H. Richard Bisbee, P.A.

Firm/Company

1882 Capital Circle N.E., Suite 206

Address

Tallahassee, Florida 32308

City/State and Zip Code

rbisbee@hrbisbeelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

H. Richard Bisbee

Name of Contact Person

at ( 850 ) 386-5300  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 NOV -1 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 25, 2010

H. RICHARD BISBEE, ESQ.  
H. RICHARD BISBEE, P.A.  
1882 CAPITAL CIRCLE N.E., SUITE 206  
TALLAHASSEE, FL 32308

SUBJECT: THE ALLIANCE OF EGYPTIAN AMERICANS CORPORATION  
Ref. Number: N05000007265

We have received your document for THE ALLIANCE OF EGYPTIAN AMERICANS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the document.

The date of adoption of each amendment must be included in the document.

Please include the exhibit(s) referred to in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 410A00025144

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Alliance of Egyptian Americans Corporation

2. The principal office address: 931 Wekiva Springs Road, Longwood, Florida 32779

3. The mailing address (if different): P.O. Box 160966, Altamonte Springs, Florida 32716

4. Date of incorporation/qualification: 07/18/2005 Document number: N05000007265

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

H. Richard Bisbee, P.A. Attorney at Law

1882 Capital Circle N.E., Suite 206

P.O. Box NOT acceptable

Tallahassee, Florida 32308

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 NOV - 1 AM 8:14

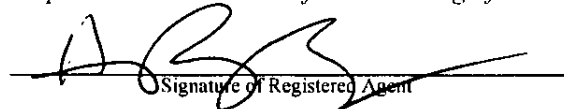
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Mahmoud A. Elshazly  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

10.19.10  
Date

If signing on behalf of an entity:

H. Richard Bisbee

Typed or Printed Name

**\*\*\* FILING FEE: \$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)