## N08491

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Coples	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

SUBJECT: Muslim Community of Palm Beach County, Incorporated (Name of Corporation)

DOCUMENT NUMBER: N08491

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:

Haroon Sulaiman (Name of Contact Person)

Muslim Community of Palm Beach (Firm/Company)

West Palm Beach, FL 33416 (City/State and Zip Code)

For further information concerning this matter, please call:

Haron Sulaiman at (56) 906-3026
(Name of Contact Person) (Area Code & Daytime Telephone Number)

P. D. BOX 18946

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

TO:

Amendment Section Division of Corporations

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Muslim Community of Palm Beach County, Incorporated
2. The principal	office address: 4839 Purdy Lane, West Palm Beach, Florida 33415
3. The mailing	address (if different): P.O. Box 18946, West Palm Beach, Florida 33416
4. Date of incor	poration/qualification: 04-02-1985 Document number: N08491
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the runent of State:
Azhar	Azar Mahmood ZS Z
	Azer Mahmood  1068 Groul Park Circle
	Boynton Beach, Florida 33436
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office HAROON SULAIMAN
	430 South DINE HWY
	(P.O. BOX NOT acceptable) Lake WOATH, FL 33460
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by fi	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
(Signat	Mehmod Azhan  (Printed or director)  (Printed or Typed harde and true)
I hereby accept I further agree of of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performance of a lamiliar with and accept the obligation of my position as registered agent. Or, if this no filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
	Hardwar 7/29/07  Charliffe of Registered Agent) (Date)
•	half of an entity:
HA	ROON SULAIMAN -
C	Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*