N16271

·		
(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:		

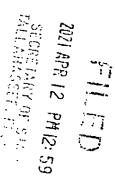
Office Use Only



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04/12/21--01009--028 **35.00

05/27/2021 JH



COVER LETTER

TO: Am Div	rendment Section rision of Corporations	
SUBJECT: Name of Co	islamic society of brevard county INC orporation	
DOCUME	NT NUMBER: N16271	
The enclose	ed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please retur	m all correspondence concerning this	matter to the following:
Ali,sabir		
Name of Co	ontact Person	-
islamic socio	ety of brevard count INC	
Firm/Comp	any	
550 E florida	a av	
Address		•
melboume,fl	,32901	
City/State a	nd Zip Code	
	ec@isbemelbourne.org	
E-mail add	lress: (to be used for future annual	l report notification)
For further	information concerning this matter, p	please call:
sabir ali		at (321) 693-1712 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is	a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of ^{florida} or to change its registered office or registered agent, or both, in the State of Florida.		
	the corporation: islamic society of brevard county INC		
	office address: 550 e florida ave, melbourne ,tl,32901		
	address (if different):		
4. Date of incor	poration/qualification: 08/08/1986 Document number: N16271		
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	sayed basha c		
	550 e florida ave		
	melbourne, fl.32901		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Mohammad Y Abu-tahnat		
	550 e florida ave P.O. Box NOT acceptable		
	malhourna (1.200)		
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 wa	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.		
Mohammad Abu-Tournat/BHA Signature of an officer or director Printed or typed name and title Chairman			
I hereby accept I further agree of my duties, an document is ber corporation ha	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 ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.		
	nature of Registered Agent Date		
_	chalf of an entity:		
	yped or Printed Name		

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