

N170000001475

(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



800305384508

11/08/17--01018--024 \*\*35.00

NOV - 8 AM 10 19

NOV 14 2017  
C MCNAIR

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Muhammad Study Group of Jacksonville Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N/17060601475

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nolan Roberts  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

6872 Arlington Exp4  
(Address)

Jacksonville FL 32211  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nolan Roberts at (404) 710-2757  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**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: Muhammad Study Group of Jacksonville Inc.
2. The principal office address: 2134 Phoenix ave Jacksonville FL 32206
3. The mailing address (if different): 6872 Arlington Exp Jacksonville FL 32211
4. Date of incorporation/qualification: 2/9/17 Document number: 117000001475
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)

Michael Moore sr (resigned)  
2134 Phoenix ave  
Jacksonville FL 32206

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

Nolan Roberts  
6872 Arlington Exp  
Jacksonville FL 32211

P.O. Box NOT acceptable

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]  
Signature of an officer or director

Leatrice Muhammad vpd  
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]  
Signature of Registered Agent

9/25/2017  
Date

If signing on behalf of an entity:

Nolan Roberts  
Typed or Printed Name

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