P0200013835

(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Duemoes Lina)							
(Document Number)							
Certified Copies Certificates of Status							
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APPROVE AND FILFO



COVER-LETTER

TO:	Amendment Section Division of Corporation	ons						
SUBJECT: NURUL ENTERPRISE INC Name of Corporation								
DOC	UMENT NUMBER:	P02	000013835					
The e	nclosed Statement of Ch	ange of Registered Offic	e/Agent and fee are	submitted for filing.				
Please return all correspondence concerning this matter to the following:								
		,	<i>5</i>					
		MOHAMM	ED AMRAN					
MOHAMMED AMRAN Name of Contact Person								
		••						
NURUL ENTERPRISE INC								
Firm/Company								
	1331 ISLAND TREES LANE							
			Iress	<u>. </u>				
		DEI AND	FL 32720					
DELAND, FL 32720 City/State and Zip Code								
COUNTRYSTORE500@BELLSOUTH.NET								
E-mail address: (to be used for future annual report notification)								
For fu	rther information conce	rning this matter, please	call:					
	MOHAMME	D AMRAN	at (386	747-6294				
	Name of Cont.		Area Code &	747-6294 Daytime Telephone Number				
	·´							
Enclosed is a \$35.00 check made payable to the Department of State.								
	<u>Mail</u>	ing Address:	Street A	ddress:				
		ndment Section		ment Section				
		sion of Corporations		n of Corporations				
		Box 6327		Building secutive Center Circle				
	I alla	ihassee, FL 32314		ssee Fl 32301				

TO:

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

statement of cha	ange is submitted for a co	orporation organize	607.1508, or 617.1508, F ed under the laws of the Si	rate of FLORIDA		
•		•	ed agent, or both, in the St	ate of Florida.		
	the corporation: NURU		LANE, DELAND, FL	ORIDA 32720		
2. The principal	office address					
3. The mailing a	address (if different): PC	OST BOX 404, I	DELAND, FLORIDA	32721		
4. Date of incorp	poration/qualification:	02/01/2002	Document number:	P02000013835		
	d street address of the current of State: (If resign		nt and registered office on	file with the		
	315 W PENNSYL	/ANIA AVE AP	T 30			
	DELAND, FL 3272	0	<u></u>			
6. The name and (if changed):	d street address of the new	w registered agent (if changed) and /or registe	ered office		
	1331 ISLAND TRE	ES LANE, DEL	AND, FLORIDA 327	20		
	P.O Box NOT acceptable					
The street addre	ess of its registered office be identical.	e and the street ad	dress of the business offi	ce of its registered agent,		
Such change was authorized by the	as authorized by resolut ne board, or the corpora	ion duly adopted b tion has been notif	oy its board of directors of the char fied in writing of the char Management	r by an officer so lige. Manan Pasidant		
N G MM Signatur	re of an officer or director		Printed or typed na			
i juriner agree i of my duties, an document is bei	the appointment as reg to comply with the provi d I am familiar with and ng filed merely to reflec s peen notified in writing	isions of all statute d accept the oblige et a change in the i	agree to act in this capaces relative to the proper a ation of my position as re registered office address,	ity. ind complete performance gistered agent. Or, if this I hereby confirm that the		
//Wha	Hom	`	12/26	109		
J	nature of Registered Agent		Date	99 D		
If signing on be	half of an entity:			DEC 3		
	yped or Printed Name			APPRILE		
	*	* * FILING FEE	: \$35.00 * * *	PH IZ:		
M			IDA DEPARTMENT OF STA . BOX 6327, TALLAHASSI	ATE 37 F		

CR2E045 (8/05)