

PO2000101730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

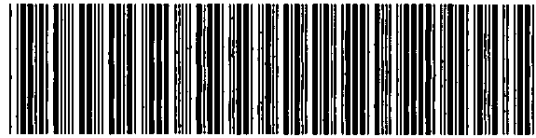
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500134114475

08/14/08--01023--021 **35.00

Ro ch

RECEIVED
SEP 02 2008
FILING OFFICE
STATE OF NEW YORK

02 SEP -2 PM 4:19

FILED

Roberts SEP 02 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2008

NICHOLAS RASHID
NICHOLAS RASHID, O.D., P.A.
3371 SW 16TH ST
FORT LAUDERDALE, FL 33312

SUBJECT: NICHOLAS RASHID, O.D., P.A.
Ref. Number: P02000101730

We have received your document for NICHOLAS RASHID, O.D., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Are you changing the registered agent? If so, the new registered must be sign below as registered agent accepting appointment.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 808A00046560

RECEIVED
2008 SEP - 2 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nicholas Rashid, O.D., P.A.
(Name of Corporation)

DOCUMENT NUMBER: P02000101730

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:

Nicholas Rashid
(Name of Contact Person)

Nicholas Rashid, O.D., P.A.
(Firm/Company)

4508 NE 22 Rd.
(Address)

Fort Lauderdale, FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicholas Rashid at (954) 558-9551
(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
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

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Nicholas Rashid, O.D., P.A.
2. The principal office address: 3371 SW 16th St., Fort Lauderdale, FL 33312
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/19/2002 Document number: P02000101730
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

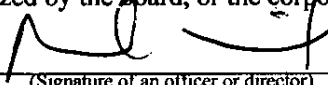
Andrew Rashid
3371 SW 16th St.
Fort Lauderdale, FL 33312

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

Andrew Rashid
4508 NE 22 Rd.
(P.O. Box NOT acceptable)
Fort Lauderdale, FL 33308

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)

Nicholas Rashid
(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.

Andrew Rashid
(Signature of Registered Agent)

August 27, 2008
(Date)

If signing on behalf of an entity:

Andrew Rashid
(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)

FILED
08 SEP -2 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA