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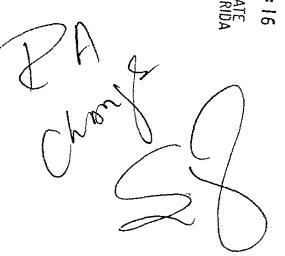
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Amendment Section

Division of Corporations
SUBJECT: KAN ZAMAN, INC. (Name of Corporation)
DOCUMENT NUMBER: P02000106659
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:
ARCHIE J. RYAN III (Name of Contact Person)
RYAN & RYAN, LLC (Firm/Company)
700 EAST DANIA BEACH BOULEVARD, THIRD FLOOR (Address)
DANIA BEACH, FLORIDA 33004
(City/State and Zip Code)
For further information concerning this matter, please call:
ARCHIE J. RYAN III at (954) 920-2921 (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 Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

Pursuant to the p statement of char in order	nge is submitted	· ·	ı organized unde	er the laws	of the State of _	Florida	·
1. The name of the	_	KAN ZAMAN,		.,		. S. ruidi.	
2. The principal	• -		University	Drive,	Plantation	, Florida	33322
3. The mailing ac	ddress (if differe	nt):					<u> </u>
4. Date of incorp	oration/qualifica	tion: 10/03	/2002 _{Doc}	cument nur	mber: P0200	0106659	. , , , , ,
5. The name and Florida Depart		the current regis	tered agent and i	registered (office on file wit	h the	
	YASSE	R ALSALMAN	·= ···		<u> </u>	TAS S	**************************************
	1814	North Unive	rsity Drive			THE P	
	Plant	ation, Flor	ida 33322		<u>-</u>	30 IASS	y year warmen and the second and the
6. The name and (if changed):		the new registers SALMAN	ed agent (if chan	ged) and /c	or registered offi	OF STATE	
	1814	North Unive	rsity Drive				
		(P.O. Box NOT ac			, , , , , , , , , , , , , , , , , , ,	•	
	Plant	ation, Flor	ida 33322				
The street address as changed will	ss of its register be identical.	ed office and the	street address o	of the busin	ness office of its	s registered age	ent,
Such change was authorized by the	s authorized by e board, or the c	resolution duly a corporation has b	adopted by its be seen notified in v	oard of dir writing of	ectors or by an the change.	officer so	
Signatur	e or all officer or dire	etor)	_AHMA		N. Presiden or typed name and to		<u></u>
I hereby accept if I further agree to of my duties, and document is being corporation has	o comply with th d I am familiar v ng filed merely t	ne provisions of a with and accept to the reflect a chang	ull statutes relat the obligation of ye in the register	o act in thi ive to the p my position red office a	s capacity proper and com on us registered uldress, I hereb	plete performa l agent. Or, if y confirm that	ince this the
				July 17		. **	
AHMAD SALM If signing on bel	_				(Date)		
(T)	sped or Printed Name)	-				

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