## P04000 109 808

(Requ	uestor's Name)	· ·
(Addr	ess)	
<b>(</b>	<b>,</b>	
		<u> </u>
(Addr	ess)	
(City/	State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
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	<b>6</b> (1) <b>1</b>	
· (Busi	ness Entity Nan	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
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Special Instructions to Fi	ling Officer:	





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99 DEC 30 PM 1: 16
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

APPROVE

05/1/V

## COVER LETTER 1

то:	Amendment Division of	Section Corporations	
SUBJ	ЕСТ:	NUJAHA Name of 0	N, INC Corporation
DOC	UMENT NUM	IBER: P04	000109808
The er	nclosed Statem	ent of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please	return all corr	espondence concerning this matte	er to the following:
			ED AMRAN
	_	Name of Co	ontact Person
		NUR 1A	HAN, INC
	-		Company
		1331 ISLAND	TREES LANE
	_	Ad	dress
	-	DELAND City/State :	, FL 32720 and Zip Code
			2,p 2333
	<del>-</del> -	COUNTRYSTORE50	0@BELLSOUTH.NET
	l	z-mail address: (to be used for	future annual report notification)
For fu	rther informat	on concerning this matter, please	call:
	МОН	HAMMED AMRAN	at ( 386 ) 747-6294
	Nam	e of Contact Person	at ( 386 ) 747-6294 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00	check made payable to the Depa	rtment 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

statement of cha	nge is submitted for a co r to change its registere	orporation organizea d office or registered	07.1508, or 617.1508, Flo Lunder the laws of the Sta Lagent, or both, in the Sta	<sub>ate of </sub> FLORII ate of Florida.		
1. The name of t	he corporation: NUR.	, JAHAN, INC	ا في الله الله الله الله الله الله الله الل	· :		
			ANE, DELAND, FLO	ORIDA 3272	20	_
3. The mailing a	ddress (if different): PC	OST BOX 404, D	ELAND, FLORIDA 3	32721		_ _
4. Date of incorp	poration/qualification: _	07/26/2004	_ Document number:	P04000	109808	<b>–</b> –
	street address of the cutment of State: (If resign		t and registered office on	file with the		
	315 W PENNSYL	VANIA AVE APT	30			
	DELAND, FL 3272	20			99 DEC SECRE	<u>}-</u>
6. The name and (if changed):			f changed) and /or registe		30 PM 1: 16 IARY OF STATE ASSEE, FLORID	PARO PELED
		P O. Box NOT acc	eptable		<b>3&gt;</b>	
The street addre	ess of its registered offi be identical.	ce and the street add	lress of the business office	ce of its registe	ered agent,	
Mohn	as authorized by resolute board, or the corporate of an other or director	tion duly adopted by ation has been notific	vits board of directors of ed in writing of the chan  Moham me  Printed or typed na	r by an officer ige. L Am 6	so ON (Reg	sidont
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with a ing filed merely to refle s been potified in writin	gistered agent and a visions of all statutes nd accept the obliga ct a change in the ro ng of this change.	gree to act in this capac s relative to the proper a tion of my position as re egistered office address,			
/// h	nature of Registered Agent	<u> </u>	12/26/08	<u> </u>		
If signing on be	half of an entity:					

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

Typed or Printed Name