P04000150167

| (Re | equestor's Name) | | | |
|---|------------------------|------|--|--|
| (Ad | ldress) | | | |
| (Ad | idress) | | | |
| (Cit | ty/State/Zip/Phon | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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| Special Instructions to | Filing Officer: | | | |

Office Use Only



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SCURETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|---------|--|---|
| SUBJ | ECT: HASHMI INC (Name of | Corporation) |
| DOCU | UMENT NUMBER: P04000150167 | |
| | nclosed Statement of Change of Registered Offi | ice/Agent and fee are submitted for filing. |
| | return all correspondence concerning this matt | _ |
| | MANSOOR A | |
| | (Name of C | ontact Person) |
| | | MUNIC |
| | HASH! (Firm/0 | Company) |
| | ` | • • • |
| | 9764 SW | |
| | (Ad | dress) |
| | | |
| | | FL. 33196 |
| | (City/State | and Zip Code) |
| For fur | rther information concerning this matter, please | call: |
| | MARATIB HASHMI | at (305) 279-8157 |
| | (Name of Contact Person) | at (305) 279-8157 (Area Code & Daytime Telephone Number) |
| Enclos | ed is a \$35.00 check made payable to the Depa | rtment of State. |
| | Mailing Address: Amendment Section | Street Address: |
| | | Street Address: Amendment Section |
| | Division of Corporations | Division of Corporations |
| | P.O. Box 6327 | Clifton Building |
| | Tallahassee, FL 32314 | 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida. |
|---|
| I. The name of the corporation: HASHMI INC HASHMI INC |
| 2. The principal office address: 9764 SW 148 CT MIAMI, FL. 33196 |
| 2. The principal office address: 3704 3W 140 CT WHAWII, FE. 33790 |
| 3. The mailing address (if different): SAME |
| 4. Date of incorporation/qualification: 11/03/2004 Document number: P04000150167 -0 17 |
| 5. The name and street address of the current registered agent and registered office on file with the Signature of State: |
| Man Soor HASHMI DIRECTOR |
| 9764 SW 148 CT |
| MIAMI, FL. 33196 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| MARATIB A. HASHMI DIRECTOR |
| 9764 SW 148 CT |
| (P.O. Box NOT acceptable) MIAMI, FL. 33196 |
| 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 office or director) MANSOOR A. HASHMI PRESIDENT (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 of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |

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