

P05000003380

(Requestor's Name)

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(City/State/Zip/Phone #)

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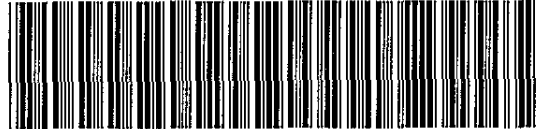
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NEXT VIEW INC.

DOCUMENT NUMBER: P05000003380

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SASSON JOURY  
(Name of Contact Person)

(Firm/ Company)

20855 NE 16<sup>th</sup> AVE  
(Address)

N. MIAMI BEACH FL 33179  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

SASSON JOURY at ( 305 ) 249-4488  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 17, 2005

SASSON JOURY  
20855 NE 16TH AVE  
N. MIAMI BEACH, FL 33179

SUBJECT: NEXT VIEW, INC.  
Ref. Number: P05000003380

We have received your document for NEXT VIEW, INC.. However, the document has not been filed and is being returned for the following:

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The current name of the entity is as referenced above. Please correct your document accordingly.

The fee to file your document is \$35.

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) 245-6906.

Darlene Connell  
Document Specialist

Letter Number: 405A00035263

CONTACT PHONE # IS  
305-249 4477  
OR 954-336 6179

**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.

1. The name of the corporation: NEXT VIEW, INC.  
2. The principal office address: 20855 NE 16<sup>th</sup> AVENUE  
NORTH DAVIE BEACH, FL 33129  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1/6/05 Document number: PO5000003380

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

PORTAL RAFAEL  
20855 NE 16<sup>th</sup> AVE  
N. DAVIE BEACH, FL 33129

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

SASSON TOURY  
20855 NE 16<sup>th</sup> AVE  
(P.O. Box NOT acceptable)  
N. DAVIE BEACH, FL 33129

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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)  
(Signature of an officer or director)

SASSON TOURY 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)  
(Signature of Registered Agent)

5/3/05  
(Date)

If signing on behalf of an entity:

SASSON TOURY  
(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