(Requestor's Name)	
(Address)	200084711282
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	01/22/0701021013 **35.00
(Document Number)	
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## **COVER LETTER**

Division of Corporations								
ADAM IEE INC								
SUBJECT: ADAM JEE INC (Name of Corporation)								
DOCUMENT NUMBER:_P05000134098								
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:								
MOHAMMAD ARSHAD								
(Name of Contact Person)								
ADAM JEE INC								
(Firm/Company)								
720 NE 181 ST								
(Address)								
MARKIEL 00400								
MIAMI FL 33162 (City/State and Zip Code)								
· · · · · · · · · · · · · · · · · · ·								
For further information concerning this matter, please call:								
MOHAMMAD ARSHAD at ( 786 ) 306-6225								
MOHAMMAD ARSHAD  (Name of Contact Person)  at (786 ) 306-6225  (Area Code & Daytime Telephone Number)								
Enclosed is a \$35.00 check made payable to the Department of State.								
Mailing Address: Street Address: Amendment Section Amendment Section								
Division of Corporations Division of Corporations								
P.O. Box 6327 Clifton Building								
Tallahassee, FL 32314 2661 Executive Center Circle								
Tallahassee, FL 32301								

TO:

Amendment Section

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

	atement of cha	provisions of section inge is submitted for ir to change its regisi	a corporation orga	nized under the law	rs of the State o	f FLORIDA	-	•
1.	The name of	the corporation: AD.	AM JEE INC		and the second	g g e		
		office address: 181		MI FL 33162				<u></u>
			<u> </u>	e de la companya della companya della companya de la companya della companya dell				
3.	The mailing a	address (if different):	181 NE 166 ST	MIAMI FL 331	62 ,	· <u> </u>	·	٠.
				<u> </u>	n en ja		<u> </u>	<u> </u>
4.	Date of incorp	poration/qualification	1: 09/29/2005	Document n	umber: P050	00134098		
		I street address of the timent of State:	current registered	agent and registered	d office on file	with the		
		AHSAN A. DA	MISH	ing a substitution of	<u> </u>		: 3	-,- -,-
		601 NE 178	ST				÷	
		MIAMI FL 33	162		park in the same	SECRE)	and a	
	The name and (if changed):	i street address of the		ent (if changed) and	or registered of			
		MOHAMMAE	ARSHAD	<u></u>		EST/		
		720 NE 181		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
		MIAMI FL 33	(P.O. Box NOT acceptable	e) 	<u></u>			* ±
Th as	ne street addre changed will	ess of its registered of be identical.	office and the stree	t address of the bu	siness office of	its registered	i agent,	
Su au	ch change wa thorized by th	as authorized by resone board, or the corp	olution duly adopte oration has been n	ed by its board of dotified in writing o	lirectors or by a bof the change.	an officer so		
	Vigna	felia. ire of an officer or director)		MOHAMMA (Prin	D ARSHAD			
I h I fi of do co	nereby accept wither agree to my duties, an cument is bein rporation has	the appointment as to comply with the p d I am familiar with ng filed merely to re to been notified in wr	registered agent as rovisions of all sta gand accept the ob flect a change in the iting of this change	nd agree to act in t tutes relative to thi ligation of my posi he registered office 	this capacity, e proper and ca ition as registe, e address, I her	omplete perfo red agent. O eby confirm	ormance br, if this that the	
		lefeld.		01/18/2007	. * 		<u> </u>	* * * * * * * * * * * * * * * * * * * *
	V(Sig	nature of Registered Agent	)		(Date)		<del></del>	ĺ
If	signing on be	half of an entity:						
	(1	yped or Printed Name)	·		. , 52 ↔		;	. •
			* * * FILING F	EE: \$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)