

PD6000050937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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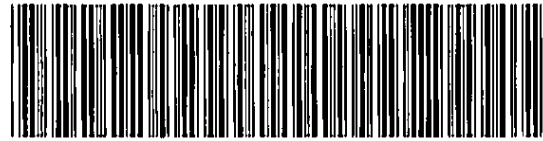
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OCT 16 2018  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MAINGATE EAST DEVELOPMENT INC.  
Name of Corporation

DOCUMENT NUMBER: P06000050937

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:

KAMAL FAIZI  
Name of Contact Person

MAINGATE EAST DEVELOPMENT  
Firm/Company

4056 TAMiami TRAIL  
Address

PORT CHARLOTTE, FL 33952.  
City/State and Zip Code

Kfmaingate@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAMAL FAIZI at ( 407 ) 922 7599  
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  
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**

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: MAINGATE EAST DEVELOPMENT
2. The principal office address: 4156 W VINE ST  
KISSIMMEE, FL 34741
3. The mailing address (if different): 4056 TAMiami TRAIL, PORT CHARLOTTE  
FL 33952
4. Date of incorporation/qualification: 04/10/06 Document number: PO6000050937
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KAMAL FAZI

4156 W VINE ST

KISSIMMEE, FL 34741

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

KAMAL FAZI

4056 TAMiami TRAIL

P.O. Box NOT acceptable

PORT CHARLOTTE, FL 33952

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.

KAFazi  
Signature of an officer or director

KAMAL FAZI 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.*

KAFazi  
Signature of Registered Agent

7/30/18  
Date

If signing on behalf of an entity:

KAMAL FAZI  
Typed or Printed Name

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

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