

PO6000069304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

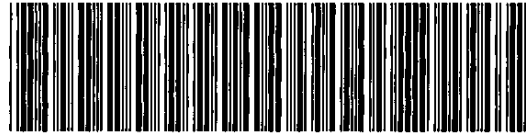
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

bs 7/25/06  
RA/NO

SHEPHERD, McCABE AND COOLEY  
ATTORNEYS AND COUNSELORS AT LAW

JAMES E. SHEPHERD  
WILLIAM J. McCABE  
R. EDWARD COOLEY

1450 WEST STATE ROAD 434  
SUITE 200  
LONGWOOD, FLORIDA 32750  
TELEPHONE (407) 830-9191  
FAX  
SHEPHERD (407) 830-9049  
COOLEY (407) 830-9049  
McCABE (407) 265-0409

July 14, 2006

Amendment Section  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32301

RE: Ambani Enterprises, Inc.

Dear Sir/Madam:

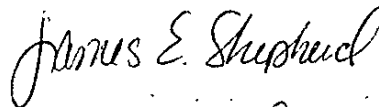
Enclosed please find the original Notice of Change of Resident Agent for the above referenced corporation.

Also, the address of the corporation has changed. The new address is as follows:

Ambani Enterprises, Inc.  
949 Wesson Dr.  
Casselberry, FL 32707

Should you have any questions regarding the foregoing please do not hesitate to call.

Sincerely yours,



James E. Shepherd   
(Signed in his absence to avoid delay)

JES/lo  
Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMBANI ENTERPRISES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000069304

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:

James E. Shepherd, Esq.  
(Name of Contact Person)

Shepherd, McCabe & Cooley  
(Firm/Company)

1450 W. State Rd 434 Suite 200  
(Address)

Longwood, FL 32750  
(City/State and Zip Code)

For further information concerning this matter, please call:

James Shepherd at ( 407 ) 830-9191  
(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: AMBANI ENTERPRISES, INC.

2. The principal office address: 949 Wesson Dr  
Casselberry, FL 32707

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: May 15, 2006 Document number: P06000069304

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

Darshan Patel

1691 Lakelet Loop

Oviedo, Florida 32765

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

Ghanshyam Patel

949 Wesson Drive

(P.O. Box NOT acceptable)

Casselberry, Florida 32707

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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.

X Ghanshyam Patel  
(Signature of an officer or director)

Ghanshyam Patel - 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.

X Ghanshyam Patel  
(Signature of Registered Agent)

7/15/06  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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