

PO7000002601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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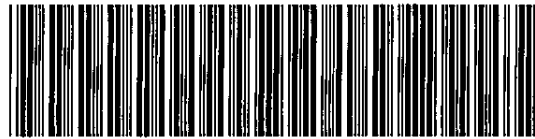
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TS  
RA  
Re  
4/11/07

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SARFARAZI REALTY & DEVELOPMENT, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000002601

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:

PAUL SARFARAZI

(Name of Contact Person)

SARFARAZI REALTY & DEVELOPMENT, INC.

(Firm/Company)

2118 SW 20TH PLACE #202

(Address)

OCALA, FL 34474

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL SARFARAZI

(Name of Contact Person)

at ( 352 ) 622-9184

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2007

PAUL SARFARAZI  
2118 SW 20 PL #202  
OCALA, FL 34474

SUBJECT: SARFARAZI REALTY & DEVELOPMENT, INC.  
Ref. Number: P07000002601

We have received your document for SARFARAZI REALTY & DEVELOPMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

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) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 307A00018446

**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: SARFARAZI REALTY & DEVELOPMENT, INC.
2. The principal office address: 5361 E SILVER SPRINGS BLVD  
SILVER SPRINGS, FL 34488
3. The mailing address (if different): 2118 SW 20TH PLACE #202  
OCALA, FL 34474
4. Date of incorporation/qualification: JANUARY 5, 2007 Document number: P07000002601
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LINDA LONGO

1218 SE 17 STREET

OCALA, FL 34471

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

DR. MOHSEN PAUL SARFARAZI

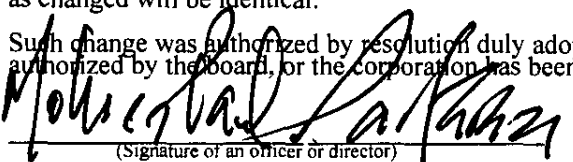
2118 SW 20TH PLACE #202

(P.O. Box NOT acceptable)

OCALA, FL 34474

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 officer or director)

MOHSEN PAUL SARFARAZI, 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)

4/5/07  
(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  
CR2E045 (8/05)

FILED  
07 APR -9 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA