P08000017738

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COVER LETTER

Division of Corporations
SUBJECT: AL-JJ Karborani INC (Name of Corporation)
DOCUMENT NUMBER: <u>P080000 17738</u>
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:
Anton Karborani (Name of Contact Person)
(Firm/Company)
5552 SW 83 Ln (Address)
Ocala FL 34476 (City/State and Zip Code)
For further information concerning this matter, please call:
Anton Karborani at (386) (679-9490 (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 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR GORPORATIONS

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 FLA.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AL-IT Rarbora of Inc.
2. The principal office address: 9904 SR 200
Deala FL 34481
3. The mailing address (if different): 5552 SW 83 Ln
<u> </u>
4. Date of incorporation/qualification: 2 18 2008 Document number: PC 3 0000 17738
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Anton Karborani - President For &
17 Sandusky Rd.
South Daytona
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Anton Karborani - President
5552 SW 83 Ln
(P.O. Box NOT acceptable)
<u> </u>
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) Anton Kacharani — Proside of (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.
It Fail 14-4-2008
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
for tall
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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