## P090000 85/46

(Re	questor's Name)			
	dress)			
(1.00	4.000)			
(Ad	dress)			
(Cit	:y/State/Zip/Phone #			
,	,	•		
PICK-UP	☐ WAIT	MAIL		
	siness Entity Name)	<del></del>		
(υ	Siness Emily Hame,			
(Document Number)				
Certified Copies	_ Certificates of	Status		
·				
Special Instructions to	Filing Officer:			
		. <u>.</u>		

Office Use Only



400306393284

12/11/17--01010 02% \*\*\*. on

2111 DEC 11 P 12: 22

M

DEC 1 2 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: KNAN, INC.
Name of Corporation
DOCUMENT NUMBER: P09000086146
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:
NASRIN BAHADORI
Name of Contact Person
Firm/Company
7365 WINDING LAKE CIRCLE
Address
OVIEDO, FL 32765
City/State and Zip Code
alnasrin711@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NASRIN BAHADORI  Name of Contact Person  at (407 312 7374  Area Code & Daytime Telephone Number
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
Taflahassee, FL 32301

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florid organized under the laws of the State registered agent, or both, in the State	of FLORIDA
1. The name of t	he corporation: KNAN, INC.		
2. The principal	office address: 3690 HOWEL PARK, FL 32792	L BRANCH ROAD	
	ddress (if different): 7365 WIND), FL 32765	DING LAKE CIRCLE	
4. Date of incorp	poration/qualification: 10/19/20	Document number: P09	000086146
5. The name and		tered agent and registered office on file	e with the
	KHOSROW ALASVAND	DIAN	
	7365 WINDING LAKE C	IRCLE	
	OVIEDO, FL 32765		
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered	d office
	NASRIN BAHADORI		—÷3
	7365 WINDING LAKE C	IRCLE	2111 DEC
	OVIEDO, FL 32765	iox NOT acceptable	
The street addre	ess of its registered office and the be identical.	street address of the business office of	of its registered agont.
Such change wa authorized by th	is authorized by resolution duly action by the board, or the corporation has be	dopted by its board of directors or by een notified in writing of the change.	antotricer so
Signatur	M	NASRIN BAHADORI	d title
I fametana managan	the accompanies with the successful circums of a	ent and agree to act in this capacity. Il statutes relative to the proper and a and accept the obligation of my posi to reflect a change in the registered of ified in writing of this change.	complete tion as registered ffice address, I
	nature of Registered Agent	Dec 6-1	7
	half of an entity:	·· <del>··</del>	
NASRIN BA	AHADORI  Apped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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