## P10000032391

(Requestor's Name)				
(Address	s)			
(Address)				
(City/Sta	ite/Zip/Phone #)			
<b></b>	_			
PICK-UP	_ WAIT	MAIL		
(Busines	ss Entity Name)			
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing	a Officer:			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section Division of Corporations

Mangement co

Name of Corporation

p10000032391

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:

Nusrat khan

Name of Contact Person

Mangement co

Firm/Company

4840 sw 58 ave #1

Davie FI 33314

City/State and Zip Code

k.woorknow@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nusrat khan

Name of Contact Person

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or registe	ized under the laws of	f the State of Florida		••
1. The name of	the corporation: Mangement co				
2. The principal	office address: 4840 SW 58 Ave I	Davie #1 FI 333	314		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 04-14-2010	Document numl	<sub>ber:</sub> P10000032	2391	
	I street address of the current registered a timent of State: (If resigned, enter resigne		fice on file with the		
	Kahn,sadaf		TAL	g <b>क</b>	
			<u> </u>	SEP -	77
	Davie fl 33314		SE	5 <b>6</b>	m
6. The name and (if changed):	I street address of the new registered ager		五,	PM 5: 07 )F STATE	O
	Nusrat Khan				
	4840 SW 58 Ave #1				
	Davie FI 33314	acceptable			
The street address changed will	ess of its registered office and the street a be identical.	address of the busines	ss office of its regist	tered age	nt,
Such change was authorized by the	as authorized by resolution duly adopted ae board, or the corporation has been not	by its board of direct ified in writing of the	tors or by an officer change.	80	
Signatu	Usrat re of an officer or director	Nusrat Khan	Presedent	<del></del>	-
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and a is document is being filed merely to refle that the corporation has been notified in	l agree to act in this of the relative to the pro- eccept the obligation of ect a change in the re a writing of this change	capacity, oper and complete of my position as reg gisiered office addri ge.	gistered ess. I	
N	Usrat	08-01-2016			
	half of an entity:		Date	•	
7	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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