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COVER LETTER

TO: Amendment Section Division of Corporat	ions	
SUBJECT:	ZIMS INC	
	Name of Corp	
DOCUMENT NUMBER:_	27-48	368751
The enclosed Statement of Ch	hange of Registered Office/A	gent and fee are submitted for filing.
Please return all corresponder	nce concerning this matter to	the following:
	RABIA A	ALI
	Name of Contac	et Person
	•	•
· · · · · · · · · · · · · · · · · · ·	ZIMS İN	
,	Firm/Comp	any
	7679 INTERNAT	IONAL DR.
· · · · · · · · · · · · · · · · · · ·	Address	
	•	
	ORLANDO, FL	32819
•	City/State and 2	Zip Code
	Bubleey@yah	no com
E-mail ac	ddress: (to be used for futu	re annual report notification)
• ^		
For further information conce	erning this matter, please call:	-
· RABIA	A ALI	at (<u>773</u>) 51.7-9741
Name of Cont	act Person	at (773) 51.7-9741 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check m	ade payable to the Departme	nt of State.
<u>Maili</u> Ame	ing Address:	Street Address: Amendment Section
	sion of Corporations	Division of Corporations
	Box 6327	Clifton Building
Talla	nhassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	ange is submitted for a co	rporation organize	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	of FLOR	RIDA	_	
1. The name of	the corporation: ZIMS	INC.					
	office address: 7679 IN O, FL. 32819		AL DR.			-	
3. The mailing a	address (if different):						
4. Date of incorporation/qualification: 2/8/2011 Document number: 2					868751		_
	d street address of the curr rtment of State: (If resigne		nt and registered office on fil	e with the			
	MICHELE L. ABBC	TT			•		
	CORPORATION SERVICE COMPANY						
	1201 HAYS ST., TA	ALAHASSEE F	FL. 32301		SE	=	
6. The name and (if changed):	I street address of the new	. v registered agent (if changed) and /or registered	d office	CRETAR	FEB 22	-
	ADNAN M. ALI				EE. T	- P	5
	6416 VINELAND R				STAI STAI		
	ORLANDO, FL. 328	P.O. Box NOT a	cceptable		55 %	Ŋ	
	ess of its registered office be identical.	e and the street ad	dress of the business office by its board of directors or be its in writing of the change			ent,	
Signatur	re of an officer or director	· · ·	RABIA ALI / DI	IRECTOF	₹ -	_	
l further agrēe i of my duties, an document is bei	the appointment as regis to comply with the provis ad I am familiar with and ng filed merely to reflect s been notified in writing	sions of all statute accept the obliga a change in the i	agree to act in this capacity es relative to the proper and ation of my position as regis registered office address, I h	l complete tered agen nereby conj	performa t. Or, if firm that	nce this the	
Mund	nature & Registered Agent		2/18/20 Date	11			
If signing on be	half of an entity:		Date				
. Ty	yped or Printed Name						

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