

P110000093552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

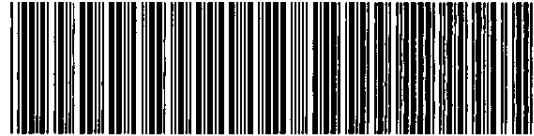
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800214623488

12/15/11--01023--003 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 15 PM 2:10

R. Alch  
@ 12/15/11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: S.A.M. Muhseen Inc  
Name of Corporation

DOCUMENT NUMBER: P11000093552

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:

Amanda Elizabeth Rice  
Name of Contact Person

S.A.M. Muhseen Inc  
Firm/Company

5230 University Blvd W. JAX  
Address

Jacksonville FL 32216  
City/State and Zip Code

Amanda e Rice@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

amanda rice at ( 347 ) 784 6458  
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  
Tallahassee, FL 32301

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: S.A.M. mahseen INC
2. The principal office address: 5230 university blvd west jacksonville  
fl 32216
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10-28-11 Document number: P11000093552
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

mohammed m shafra

5230 university blvd west

JAX fl 32216 (~~205790~~)

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

Amanda elizabeth Rice

5230 university blvd west JAX

fl 32216

P.O. Box NOT acceptable

FILED  
STATE  
SECRETARY OF CORPORATIONS  
11 DEC 15 PM 2:15

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.

Amanda Elizabeth Rice

Signature of an officer or director

Amanda Elizabeth Rice

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.

Amanda Elizabeth Rice

Signature of Registered Agent

12/14/11

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)