P12000067643

}	
(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	



000305783890

11/20/17--01025--008 **35.00

NOV 21 2017 S. YOUNG FILED

WWW 20 M 4: 35

WWW 20 M 4: 35

COVER LETTER

TO: Amenda Division	nent Section of Corporations			
SUBJECT: SA	EED CONSULT	NTS, INC.		
SOBILCT:	<u>.</u>	Name of Corporation	n	
DOCUMENT N	NUMBER: P1200	0067643 		
The enclosed Sta	atement of Change o	 Registered Office/Agent	and fee are submitted for filing.	
Please return all	correspondence con	 neerning this matter to the f	ollowing:	
	Athar Saeed			
		Name of Contact Per	son	
Saeed Consultants, Inc.				
		Firm/Company		
	3538 Token R	p ad		
Panama City, FL 32405				
	1	City/State and Zip Co	ode	
	asaeed@saee	dconsult.com		
	E-mail address	: (to be used for future an	nual report notification)	
For further infor	mation concerning	this matter, please call:		
Athar Saeed		85 at (50 896-5266	
7	same of Contact Pe	rson A	rea Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.				
	P.O. Box 6	nt Section f Corporations	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

CR2E045 (03/12)

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

•		607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this corporation organized under the laws of the State of Florida
,		red office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Sa e 6	ed Consultants, Inc.
2. The principal	office address: 35 38	Token Road, Panama City, FL 32405
3. The mailing a	ddress (if different):	
4. Date of incorp	ooration/qualification:	4 August 2012 Document number: P12000067643
		current registered agent and registered office on file with the igned, enter resigned)
	Athar Saeed	
	2902 Broad Wind	Ave, Panama City, FL 32405
		چسر
6. The name and (if changed):	street address of the	new registered agent (if changed) and /or registered office:
	Athar Saeed	
	3538 Token Roa	d, Panama City, FL 32405
		P.O. Hox NOT acceptable
as changed will	be identical.	lice and the street address of the business office of its registered agent.
Such change wa authorized by th	s authorized by resol e board, or the corpo	ution duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.
Auth	c of parotheer of director in	Athar Saeed, President Printed or typed name and title
I horoby account	the annaintment as	registered agent and agree to act in this capacity. Syisions of all statutes relative to the proper and complete similar with and accept the obligation of my position as registered fled merely to reflect a change in the registered office address. I has been notified in writing of this change.
HIII.	Action Registered Agent	15 NOVEMBER 2017 Date
/ /If signing on bel	nalf of an entity:	
Ту	ped 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 (03/12)