

P13000 025 291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

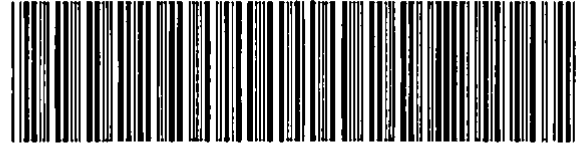
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 AUG -5 PM12:59

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C. GOLDEN

AUG 10 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dr. Saqib Rahim, Inc.
Name of Corporation /

DOCUMENT NUMBER: P13000025291

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:

SAGUIB RAHIM
Name of Contact Person

Dr. Saqib Rahim, Inc.
Firm/Company

442 W. 57th St, Apt. 8K
Address

NY, NY 10019
City/State and Zip Code

SRAHIM@MBA2007.HBS.EDU
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAGUIB RAHIM at (312) 890-3591
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.

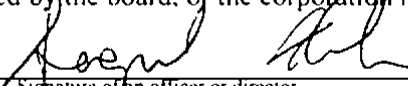
1. The name of the corporation: Dr. SAQUIB RAHIM, INC.
2. The principal office address: 5749 West Shore Drive
New Port Richey, FL 34652
3. The mailing address (if different): 442 W. 57th St, Apt. 81C
NY, NY 10019
4. Date of incorporation/qualification: 3/19/2013 Document number: P13000025291
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
United States Corporation Agents, Inc.
13302 Winding Oaks Court, Suite A
Tampa, FL 33612
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Saghib
~~Rahim~~ Rahim
5749 West Shore Drive
P.O. Box NOT acceptable
New Port Richey, FL 34652

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FILED

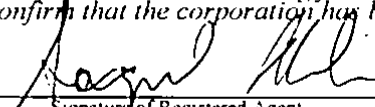
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Saghib Rahim, President
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.


Signature of Registered Agent

7/31/2019
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 (03/12)