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JUL 1 4 2015

K. William

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Palestine Inc

Name of Corporation

DOCUMENT NUMBER:

00027546

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:

Mohamed Nofal

Name of Contact Person

Palestine Inc

Firm/Company

21821 Palm Ave

Address

PC Beach, FL 32413

City/State and Zip Code

fatehnofal@yahoo.com

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

For further information concerning this matter, please call:

Mohamed Nofal

_.850

866-4938

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	nized under the laws of the State of	r FL
	the corporation: Palestine Inc	see agon, or com, in me state of	Tioriuu.
2. The principal	office address: 21821 Palm Ave	· · · · · · · · · · · · · · · · · · ·	
	h, FL 32413		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 03/25/2013	Document number: P130	00027546
5. The name and	d street address of the current registered a rtment of State: (If resigned, enter resigne		vith the
	Fateh Nofal		
	1323 Balboa Ave #303		-
	Panama City, FL 32401		-
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered o	mice.
	Mohamed Nofal		
	21821 Palm Ave		
	P.O. Box NOT	acceptable	# TE
The street addre	ess of its registered office and the street a be identical.	address of the business office of it	ts registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an iffied in writing of the change.	officer so
Noh /m Signatu	re of an officer or director	Mohamed Nofal Printed or typed name and till	ile
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and active document is being filed merely to reflet that the corporation has been notified in	l agree to act in this capacity. ites relative to the proper and con eccept the obligation of my position ect a change in the registered offic i writing of this change.	nplete n as registered ce address, I
O. ham	a No fal	7-6-2015	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
T	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 * * *