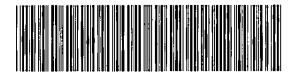
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COVER LETTER

TO:

Amendment Section Division of Corporations

Asia FNT. Lea			
SUBJECT: Aziz ENT, Inc. Name of Corporation	.		
DOCUMENT NUMBER: P14000044383	·		
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Zeeshan Aziz			
Name of Contact Person			
Aziz ENT, Inc.			
Firm/Company			
463063 State Road 200, Unit 489			
Address			
Yulee, FL 32097			
City/State and Zip Code			
zazizmd@gmail.com			
E-mail address: (to be used for future annua	l report notification)		
For further information concerning this matter, p	please call:		
Zeeshan Aziz	at (860) 961-6449 Area Code & Daytime Telephone Number		
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	Street Address:		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation or ir to change its registered office or i	organized under the laws of the St	ate of Florida
1. The name of t	the corporation: Aziz ENT, Inc.		
	office address: 1348 S. 18th Street, S	Suite #340, Fernandina Beach, FL 32	2034
3. The mailing a	address (if different): 463063 State F	Road 200, Unit 489, Yulee, FL 32097	
	poration/qualification: 05/15/14		
	d street address of the current registertment of State: (If resigned, enter re		file with the
	Registered Agents Inc		
	7901 4th St N STE 300		
	St. Petersburg, FL 33702		202
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registe	ered office
	Registered Agents Inc		
	7901 4th St N STE 300		M 9: 4
	St. Petersburg FL 33702	P.O. Box NOT acceptable	- 6
The street addre	ess of its registered office and the s be identical.	street address of the business offic	ce of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ad be board, or the corporation has been	lopted by its board of directors or en notified in writing of the chan	by an officer so ge.
		Zeeshan Aziz	
, -}	re of an officer or director	Printed or typed nar	
l further agree t of my duties, an document is bei	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change s been notified in writing of this ch	l statutes relative to the proper a se obligation of my position as res in the registered office address,	nd complete performance vistered avent. Or, if this
David Rooms		January 17, 2024	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Roberts			
Ту	yped or Printed Name		
	* * * FILIN	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)