## P15000012920

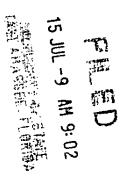
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer,				





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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	15 111				
SUBJI	ECT: SHAHRIN ALAM PA  Name of Corporation	9 M 9: 02				
DOCU	JMENT NUMBER: P1 5 0000 12920	20 P				
The en	iclosed Statement of Change of Registered Office/Agent and fee are submitted for t	filing.				
Please return all correspondence concerning this matter to the following:						
	SHAHRIN ALAM PA  Name of Contact Person					
	Watson Realty Corp. Firm/Company					
	3763 Charleston Loop. Address	_				
Oviedo FL 32765						
City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)	p.com				
For fur	rther information concerning this matter, please call:					
	SHAHRIN ALAM at (407) 668 00  Name of Contact Person Area Code & Daytime Telep	145 ohone Number				
Enclos	sed 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 Corporation Clifton Building 2661 Executive Center					

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 statement of change is submitted for a corporation organim in order to change its registered office or registe	ized under the laws of the .	State of Florid	
1. The name of the corporation: SHAHRIN	J ALAM PA		
2. The principal office address: 3763 Ch Oviedo FL 3	<del></del>	ор	, · <u>,                                     </u>
3. The mailing address (if different):	_		
4. Date of incorporation/qualification:	Document number: _	P150000	12920
5. The name and street address of the current registered as Florida Department of State: (If resigned, enter resigned	d) _		h
Corporation 1201 Have SI	Service C	ompany	-Atn: Der Reeve
<u>tallahassee</u>	FL 32301		
6. The name and street address of the new registered agen (if changed):	it (if changed) and /or regis	stered office	
SHAHRIN ALA	<u>m</u> .		7,1
2763 Charlest	on loop.	<b>__</b>	
. 1	245		
The street address of its registered office and the street a as changed will be identical.	iddress of the business off	fice of its legisteral	agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors of the characters of the characters.	or by an officer so nge.	
Signature of an officer or director	SHAHRIN Printed or typed na	ALAM F	<u>A</u>
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and ac agent. Or, if this document is being filed merely to refle hereby confirm that the corporation has been notified in	d garee to act in this canad	city	ed
Signature of Registered Agent	7/6/15 Date	5	
If signing on behalf of an entity:	,		

\* \* \* FILING FEE: \$35.00 \* \* \*

Typed or Printed Name