P1500034308

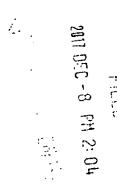
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COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Luna Enterprises of Florida, Inc. Name of Corporation P15000034308

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:

Mohammad Hamdan

Name of Contact Person

Luna Enterprises of Florida, Inc.

Firm/Company

11701 WATERSTONE LOOP DR

Address

Windermere, Florida 34786

City/State and Zip Code

mhamdan00@icloud.com

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

For further information concerning this matter, please call:

Mohammad Hamdan

Area Code & Daytime Telephone Number

Name of Contact Person

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

	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ		
	r to change its registered office or regist	-	Florida.
	the corporation: Luna Enterprises		_ _
2. The principal	office address: 11701 WATERST	ONE LOOP DR	
	Windermere, Flor	rida 34786	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/15/20	015 Document number: p150	00034308
	I street address of the current registered a tment of State: (If resigned, enter resigned		with the
	Mohammad Hamdan		
	644 Lost Grove Circle		<u>-</u> <u>-</u>
	Winter Garden, Florida 3247	787	2017 DEC
6. The name and (if changed):	I street address of the new registered ager	nt (if changed) and /or registered o	office C = T
	Mohammad Hamdan		7
	11701 Waterstone Loop Driv	ve	2: 0! 2: 0!
	P.O. Box NOT	acceptable	- : -
	Windermere, Florida 34786		_
The street address changed will	ss of its registered office and the street abe identical.	address of the business office of i	ts registered agent,
Such ehange was authorized by it	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an iffied in writing of the change.	officer so
		Mohammad Hamdan, I	
I hereby accept I further agree to performance of agent. Or, if the	e of an officer or director the appointment as registered agent and o comply with the provisions of all statu my duties, and I am familiar with and a s document is being filed merely to refle that the corpo ration has been notified in	ites relative to the proper and con eccept the obligation of my position ect a change in the registered offi-	nplete n as registered
		11/20/17	
Sign	ature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
Ту	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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