

P1600000 97119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

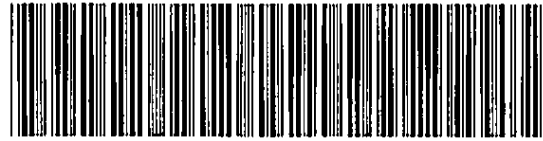
(Business Entity Name)

(Document Number)

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T. LEMIEUX
DEC 17 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M & A BROTHERS REALTY NO. 7, INC.
Name of Corporation

DOCUMENT NUMBER: P16000097119

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:

ANSAR QURAAAN

Name of Contact Person

M & A BROTHERS REALTY NO. 7, INC.

Firm/Company

1308 EAST ATLANTIC BLVD

Address

POMPANO BEACH, FL 33060

City/State and Zip Code

ANSAR@POWERPETROINC.COM

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

For further information concerning this matter, please call:

ANSAR QURAAAN at (561) 288-1710
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2021

ANSAR QURAAN
1308 E ATLANTIC BLVD
POMPANO BEACH, FL 33060

SUBJECT: M & A BROTHERS REALTY NO.7, INC
Ref. Number: P16000097119

We have received your document for M & A BROTHERS REALTY NO.7, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent you have on the document and the registered agent we have on file are not the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 821A00026787

RECEIVED
NOV 22 2021

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: M & A BROTHERS REALTY NO. 7, INC.

2. The principal office address: 1308 EAST ATLANTIC BLVD, POMPANO BEACH, FL 33060

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12-23-2016 Document number: P16000097119

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)

Escalante, Francisco

396 ALHAMBRA CIR STE 100A

CORAL GABLES, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SHEHADEH GIANNAMORE, PLLC

620 S. LE JEUNE ROAD

P.O. Box NOT acceptable

CORAL GABLES, FL 33134

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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.

Mahmoud Shehadeh

Signature of an officer or director

MAHMOUD SHEHADEH, 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

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