

P17000034569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

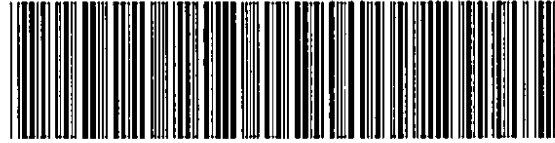
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100374340561

10/25/21--01002--018 **95.00

FILED
21 OCT 25 AM 11:49
T. LEMIEUX
FILING OFFICER
MONTGOMERY, ALABAMA

T. LEMIEUX
NOV - 3 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M & A BROTHERS REALTY NO. 9, INC.
Name of Corporation

DOCUMENT NUMBER: P17000034569

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 QURAAN

Name of Contact Person

M & A BROTHERS REALTY NO. 9, 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 QURAAN 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

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. 9, 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: 04/14/2017 Document number: P17000034569

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)

SHEHADEH GIANNAMORE PLLC
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
CORAL GABLES, FL 33134

P.O. Box NOT acceptable

FILED
21 OCT 25 AM 11:49

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 *****