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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ! Name	ECT: Baku Nights Inc of Corporation	
DOCU	JMENT NUMBER: P19000055850	
The en	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
Farid I	luseynov	
	of Contact Person	
	Nights Inc Company	
	E 24th st, Apt 329	
Äddre: Miami	88 , FL 33137-4558	
City/S	tate and Zip Code farid-huseynov@usa.com	
E-mai	l address: (to be used for future annua	report notification)
For fu	rther information concerning this matter, p	please call:
Farid I	łuseynov	917 900-6490
	Name of Contact Person	at (917 900-6490 Area Code & Daytime Telephone Number
Enclos	sed 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	nge is submitted for a corporation	of 7.0502, 607,7508, or 677,1508, Florida Statutes, this in organized under the laws of the State of Florida in the State of Florida.
1. The name of t 2. The principal	he corporation: Baku Nights Inc 455 NE 24th st, Apt	(329, Miami, FL 33137-4558
4. Date of incorp	poration/qualification:	Document number: P19000055850
	I street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	BADZILOUSKAYA, HANNA	
17021 N BAY RD, Apt 729		
	SUNNY ISLES BEACH, FL 3316	0 20
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered office
	Farid Huseynov	- Sign 3
	455 NE 24th st, Apt 329	F. S. S.
	Miami, FL 33137-4558	P.O Box NO Facceptable
The street addreas changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent.
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.
. ا سنجه ۱۰۰		Farid Huseynov
Signatu	re of an officer or director	Printed or typed name and title
I further agrée l of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a d-l am familiar with and accept i ng filed merely to reflect a chang s been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
مسسنته		12/07/2021
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
Farid Huseynov		
T	yped 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 * * *