P20000063946

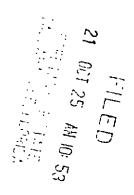
(Requestor's Name)	
(Address)	
	(Address)	
((City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
((Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	





400374340534

10/25/21--01022--021 **25.00



T. LEMIEUX

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: M & A BROTHERS REALTY NO. 21 Name of Corporation	, INC.
DOCUMENT NUMBER: P20000063946	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
ANSAR QURAAN	
Name of Contact Person	
M & A BROTHERS REALTY NO. 21, INC.	
Firm/Company	
1308 EAST ATLANTIC BLVD	
Address	
POMPANO BEACH, FL 33060	
City/State and Zip Code	
ANSAR@POWERPETROD	NC.COM
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
ANSAR QURAAN	at (561) 288-1710 Area Code & Daytime Telephone Number
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	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 char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: M & A BROTHERS REALTY NO. 21, INC.
	office address: 1308 EAST ATLANTIC BLVD, POMPANO BEACH, FL 33060
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: 08/12/2020 Document number: P20000063946
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	SHEHADEH GIANNAMORE PLLC
	396 ALHAMBRA CIR STE 100A
	CORAL GABLES. FL 33134
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	SHEHADEH GIANNAMORE, PLLC
	620 S. LE JEUNE ROAD
	P.O. Box NOT acceptable
	CORAL GABLES, FL 33134
	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an efficer so e board, or the corporation has been notified in writing of the change.
Mahm O	MAHMOUD SHEHADEH, PRESIDENT Printed or typed name and title
I further agree to of my duties, and document is beir	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Sigr	nature of Registered Agent Date
If signing on bel	nalf of an entity:
Ту	ped 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 CR2E045 (04/13)