P2400003311

(Re	questor's Name)		
- (Ad	dress)	<u> </u>	
(Ad	dress)		
(Cit	y/State/Zip/Phone	= #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
	J. HOR APR 17	RNE 2024	





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03/27/24--01021--003 ••35.00



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: BABYLON DEVELOPMENTS, INC. Name of Corporation	
DOCUMENT NUMBER: P24000003311	
The enclosed Statement of Change of Registered Office/Agen	at and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Samantha Jackson	
Name of Contact Person	<u> </u>
Meriam Corporate Services, Inc.	
Firm/Company	
PO Box 52588	
Address	
Mesa AZ 85208	
City/State and Zip Code	
meriamtinancial@gmail.com	
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, please call:	
Samantha Jackson at (720)318.8456 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	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

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508. Florida Statuon organized under the laws of the State of $\frac{\text{FL}}{\text{FL}}$ or registered agent, or both, in the State of Flori	ORIDA	-
	he corporation: BABYLON DEV	- "		
	•	AVE 3RD FL, STE 325 ORLANDO FL 32801		- -
3. The mailing a	ddress (if different):			_
4. Date of incorp	ooration/qualification: 01/10/2024	4 Document number: P240000033	11	
5. The name and		istered agent and registered office on file with the		
	MOHAMMAD ALTOM			
	121 S ORANGE AVE STE 1250			
	ORLANDO, FL 32801			
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered office	202	
	MOHAMMAD ALTOM		2024 HAR 27 SELVELLA ALL TARKS	
	450 S ORANGE AVE 3RD FL. S	STE 325	R 27	= 11
	(ADI AND) N. 22401	P.O. Box NOT acceptable		Ē
	ORLANDO FL 32801			O
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of its re	gistëred æ gen	ıt,
		adopted by its board of directors or by an offi been notified in writing of the change.		
Affer	 -	MOHAMMAD ALTOM, PRESIDENT	Γ	
) (·	re of an officer or director	Printed or typed name and title		•
i jurther agree of of my duties, an document is bei	to comply with the provisions of	agent and agree to act in this capacity. If all statutes relative to the proper and comple If the obligation of my position as registered ag- nge in the registered office address, I hereby of change.	te performan zent. Or, if th onfirm that th	ce iis he
Allor	\mathcal{V}	03/06/2024		
	nature of Registered Agent chalf of an entity:	Date		-
	•			
T	sped or Printed Name	_		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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