

P2400061524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

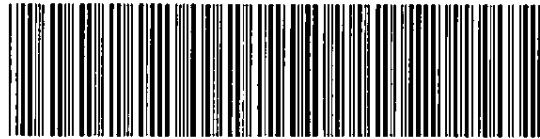
(Business Entity Name)

(Document Number)

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11/05/24--01013--023 \*\*35.00

11/05/24

AP

# ALIBABA & US INC

100 Porter Drive, Panama City Beach, FL 32413

Phone: 850-532-0052

Date: October 30, 2024

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Sir/Madam, Change the name of registered office/ agent and address

Please change the name of current registered office /agent and address of our corporation

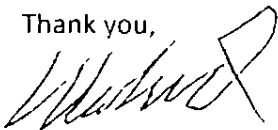
Name: ALIBABA & US INC.

Our new registered office/agent name is Mohammad U Waheed and address is 100 Porter Dr. ,  
Panama City Beach FL 32413

This letter is enclosed

1. Cover Letter of Division of Corporation.
2. Sunbiz.org Document Number P24000061529
3. Fee \$35.00 Bank Check #2338.

Thank you,



Mian Waheed (president)

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALIBABA & US INC  
Name of Corporation

**DOCUMENT NUMBER:** P24000061529

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:

MIAN WAHEED

Name of Contact Person

ALIBABA & US INC

Firm/Company

100 PORTER DRIVE

Address

PANAMA CITY BEACH, FL 32413

City/State and Zip Code

mianwaheed100@yahoo.com

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

For further information concerning this matter, please call:

MIAN WAHEED

Name of Contact Person

at (850-5320052) 10:00am to 5:00pm

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

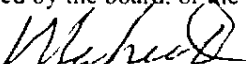
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALIBABA & US INC
2. The principal office address: 100 PORTER DRIVE  
PANAMA CITY BEACH FL 32413
3. The mailing address (if different): 201 WINDSOR WAY, PANAMA CITY BEACH, FL 32413
4. Date of incorporation/qualification: 10/03/2024 Document number: P24000061529
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)  
SPIEGEL & ULTRA, P.A.  
1840 SOUTHWEST 22ND STREET, 4TH FLOOR  
MIAMI, FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
MOHAMMAD U WAHEED  
100 PORTER DRIVE  
P.O. Box NOT acceptable  
PANAMA CITY BEACH, FL 32413

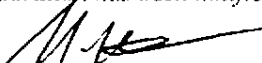
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

MIAN WAHEED (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

10/29/2024  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

MOHAMMAD U WAHEED  
\_\_\_\_\_  
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  
CR2E045 (04/13)