

P25 0000005299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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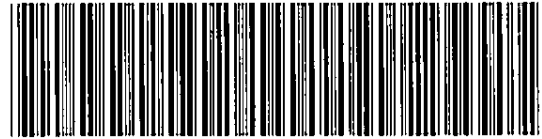
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONSORT LOGISTICS FL INC
Name of Corporation

DOCUMENT NUMBER: P25000005299

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:

MOHAMMAD A. KHAN

Name of Contact Person

CONSORT LOGISTICS FL INC

Firm/Company

509 SOUTH CHICKASAW TRAIL # 182

Address

ORLANDO FLORIDA 32825

City/State and Zip Code

MAKLAWCHAMBER@GMAIL.COM

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

For further information concerning this matter, please call:

MOHAMMAD A. KHAN

Name of Contact Person

at (407) 279-8068

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: CONSORT LOGISTICS FL INC
2. The principal office address: 8638 TARA OAK COURT ORLANDO FLORIDA 32836
3. The mailing address (if different): 509 SOUTH CHICKASAW TRAIL # 182 ORLANDO, FLORIDA 32825
4. Date of incorporation/qualification: JAN 22, 2025 Document number: P25000005299
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)

BILAL SHOAIB

8270 WOODLAND CENTER BLVD # 2501

TAMPA FLORIDA 33614

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MOHAMMAD A. KHAN

8638 TARA OAK COURT

P.O. Box NOT acceptable

ORLANDO FLORIDA 32836

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 officer or director

BILAL SHOAIB

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.

Mohammad A. Khan

Signature of Registered Agent

02/24/2025

Date

If signing on behalf of an entity:

BILAL SHOAIB

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)