•						
(Re	questor's Name)	·				
(Ad	dress)					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL MAIL				
(Bu	siness Entity Nar	ne)				
(Do	cument Number)	· ·				
Certified Copies	Certificates	s of Status				
Special Instructions to	Filing Officer:					

Office Use Only



000157386770



06/22/09--01037--002 **35.00

COVER LETTER

Division of Corporations								
SUBJECT: A·N.	1. INVESTMEN Name of Corporat	V7C INC.						
DOCUMENT NUMBER: P 960000 73710								
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:								
ASIF SIDDIQUE Name of Contact Person								
A'N.I. INVESTMENTS INC. Firm/Company								
	Firm/Company							
· ·	OO N. WONGA	ZESS AVENUE						
	Address							
D	ELRAY BEACH	, FL 33445						
	City/State and Zip (Code						
E-mail addres	ss: (to be used for future a	nnual report notification)						
For further information concerning this matter, please call:								
Asir siòsiq	UE at (S61 276 - 8072— Area Code & Daytime Telephone Number						
Name of Contact P	'erson /	Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.								
Division P.O. Box	Address: tent Section of Corporations 6327 see, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle						

Tallahassee, FL 32301

TO:

Amendment Section

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

statement of chan	rovisions of sections ge is submitted for a to change its regist	a corporation o	organized unde	er the laws of the	State of	FLORION
1. The name of th	ne corporation:	A.N.1-	inves	1MENTS	INC	•
2. The principal of	ne corporation:	600 N.	CONUR	GCS AVE	NUE -	#310
	ldress (if different):_					
4. Date of incorpo	oration/qualification	: 09/03/19	196 Do	cument number:	1960	0000 73710
	street address of the ment of State: (If res			registered office	on file with	the
	TITIN	TETAN	4;			
	1744	PRIMR	OSE LA	NE		TSE SE
	WELL	N470N,	FL. 33	414		器器
6. The name and (if changed):	street address of the	new registered	l agent (if char	nged) and /or reg		FILED 2019 JUN 22 PM 1 SECRETARY OF S
	ASIF	siddie	PUE			H: 08
	222/	MHITE	E PINE ox NOT acceptable	CIRCLE	#A	17 W
	WEST		•	FL.3341	<u></u>	
The street address as changed will	ss of its registered of be identical.	office and the s	treet address	of the business of	office of its	registered agent,
	s authorized by reso e board, or the corp			oard of director writing of the c	s or by an o	officer so
X Signature	e of an officer or director		·	ASIF SI	d name and title	E - DIRECTOR
I hereby accept to I further agree to of my duties, and document is beir corporation has	the appointment as o comply with the p d I am familiar with ng filed merely to re been notified in wr	registered age rovisions of al and accept the flect a change iting of this ch	ent and agree I statutes rela te obligation of in the registe ange.	to act in this cap tive to the prope of my position as red office addre	pacity. er and comp s registered ess, I hereby	plete performance agent. Or, if this y confirm that the
* Sign	nature of Registered Agent		·	06/8/	2009	
If signing on bel						
Ту	ped or Printed Name					

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