| (Requestor's Name) |
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| (1333-1-1) |
| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| то: | Registration Section Division of Corporations | · · · · · · · · · · · · · · · · · · · |
|---------------|--|--|
| SUBJI | 828525 ONTARIO LTD. | |
| SOBJI | | nme of Alien Business Organization) |
| Dear S | ir or Madam: | |
| | closed Statement of Change of R are submitted for filing. | egistered Agent/Registered Office for Alien Business Organization and |
| Please | return all correspondence concer | ning this matter to the following: |
| ALEK! | HAN | |
| | (Name of Person) | |
| STRAG | CHAN-KHAN REGISTERED AGE | NTS, INC |
| | (Firm/Company) | |
| 4700 N | IW BOCA RATON BLVD., #304 | |
| | (Address) | |
| BOCA | RATON, FL 33431 | |
| | (City/State and Zip Coo | le) |
| For fur | ther information concerning this | matter, please call: |
| ALI K | | 561 241-9901 at () |
| | (Name of Person) | (Area Code & Daytime Telephone Number) |
| | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclos | sed is a check for the following | amount: |
| ■ \$35 | .00 Filing Fee | □ \$43.75 Filing Fee & Certified Copy |

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

| 828525 ONTARIO LTD. 1. | | | |
|---|--|----------|------|
| 12/21/1992 | (Name of atien business organization) Q92000000040 4. | | |
| (Florida registration of 200-1003 JAMIESON PA | | applicat | ole) |
| | (Principal office address) | | |
| | gistered agent and office currently on record with this office: REGISTERED AGENTS, INC. | | |
| 4710 NW BC | OCA RATON BLVD., #101 | | |
| BOCA RATO | ON, FL 33431 | • | |
| 7. New registered agent ar | nd/or office address: | | |
| STRACHAN | I-KHAN REGISTERED AGENTS, INC. | | |
| 4700 NW BC | OCA RATON BLVD., #304 | | |
| BOCA RATO | ON, FL 33431 | | |
| | (Note: Registered office must be a Florida street address) | 21 | |
| registered agent are ide | orized by the board of directors or an officer of the corporation | ₹ | |
| 10. | (Signature of chairman, vice chairman, or officer) | AH II: | |
| V | PRESIDENT | 05 | |
| | (Name and capacity of person signing in number 10 above) | _ | |
| | stered agent, if applicable; opointment as registered agent. I am familiar with and accept 607.0505, Florida Statutes. | the | |
| | S/22 [Succepting appointment) | /21 | |

FILING FEE: \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314