V50131

. (Re	equestor's Name)
— Ac 44 De	ren L. Kmied counting Svo 0 S. Federal erfield Beach daress)	s of S. FI Hwv #106
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	☐ MAIL
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	ocument Number	,
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Certified Coples	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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SECRELIANCE OF STATE
FALLAHASSEE, FLORID.

RA CAS'

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

statement of cha	nge is submitted for a	a corporation organi	2, 607.1508, or 617.1508, F zed under the laws of the S red agent, or both, in the St	tate of <u>F</u>	lori	_	-
1. The name of t	he corporation:	2751 WE	ST ATLANTIC INC	c			
2. The principal	office address:	2751 W.	Atlantic Blvd.	Pomp	oano -	Bch,	·
	Florida 3300	59	- ·				
3. The mailing a	ddress (if different):_	same as #	12				 -
4. Date of incorporation/qualification: 7/13/1992 Document number:					V50131		
	I street address of the tment of State:	current registered ag	ent and registered office or	n file with	h the		
	Mohammad :	S. Sala M eh					
	11791 W	ateror est	Lane				
	Boca Ro	Hon, FL	Lane 33498		T SEC	S 90	
6. The name and (if changed):	street address of the	new registered agen	t (if changed) and /or regist	ered offic	AHASSEE	SEP 29 F	l common
	Nuha	Nasr			E. S.	PM I	[1]
	2751 West A				20≥	हेन स	
	Pompano Bea	P.O. Box NOT acceptable)			25. 71	دد	
		JII, FIA JJC					
The street addre	ess of its registered of be identical.	ffice and the street	address of the business of	fice of its	s registe	red age	ent,
Such change wa authorized by th	as authorized by resone board, or the corp	lution duly adopted oration has been no	by its board of directors tified in writing of the cha	or by an enge.	officer s	50	
Dula	Nan		Nuha Nasr		-	-	
I hereby accept	are of an officer or director) the appointment as to comply with the p tid I am familiar with ting filed merely to re to been notified in wr	registered agent and rovisions of all state and accept the obli- flect a change in the ting of this change.	(Printed or typed d agree to act in this capa stes relative to the proper gation of my position as r e registered office address	city		rforma Or, if m that	ance this the
~ 0.)	Mara -		0/24/06				
(Si	gnature of Registered Agent)	9/24/06 (Date	:}			
If signing on be	half of an entity:				-		
	Typed or Printed Name)		-				-
		* * * FILING FE	E: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)