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DR 418108

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: A2 Z WHOLESQUE (Name of Corporat	Ive ion)		
DOCUMENT NUMBER: POSO00 101347			
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 HOMS; (Name of Contact Person)			
(Name of Contact Person)			
A22 WHOLESALE, INC. (Firm/Company)			
(Fini/Company)			
4164 INVERRY Drive, BLOG 12 / APT 507			
LAUDERHILL FL 33319 (City/State and Zip Code)			
For further information concerning this matter, please call:			
MOHAMMAD HOMSI at (954 193-7894 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	Street Address: Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

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.
1. The name of the corporation: A 22. WHOLE SALE, The
2. The principal office address: 4020 NE 5 TH AVENUE, BAY 2 FORT LAMBER DALE, FL 33534
3. The mailing address (if different): 4/64 INVERRANY DRIVE BLOG. 12/APT 50
LAUDENHILL, FL 33319
4. Date of incorporation/qualification: 7/19/2005 Document number: POSO00 10 1347
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: **BISAN**, A MIN**
DEELFIELD BEACH, FL 3344
6. The name and street address of the new registered agent (if changed) and /or registered of the new registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) are new registered agent (if changed) and /or registered agent (if changed) are new registered agent (if changed) and /or registered agent (if changed) are new registered agent (
4164 INVERNANY DRIVE, BLOGIZ, APT SOT (P.O. Box NOT acceptable) LAUDENHILL, FL 33319
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.
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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.
4-1-7008
If signing on behalf of an entity:
(Typed or Printed Name)

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

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