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(Requ	uestor's Name)	
THPERIA 2070 NW. OPA LOCKE	1 PLAT 141.81 9. Fh.	1NE INC 33054
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SECRETARY OF STATE
ALLAMASSEE, FLORES

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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,
the undersigned corporation organized under the laws of the State of <u>FLORIDA</u> submits the following statement in order to change its registered office or registered agent, or both, in
the Ctate of Florida
1. The name of the corporation: IMPERIAL PLATING, INC.
1. The name of the corporation: IMPERIAL PLATING, INC. OPA LOCKA. FL. 33054.
2. The mailing address of the corporation: 2070 NW 1415+
3. Date of incorporation/qualification: 4-19-78 _ Document number: x 56924
4. The name and address of the current registered agent and registered office:
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
(1.0. Box 1101 Acceptable)
DESUSDIAZ REGISTERAL ascent and
2010 NW 141.5t. OPA. LOCKA. F.Z. 33054.
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.
Mus Q = 6/12/3
(Signature of an officer, chairman or vice chairman of the board) (Date)
JESUS DIAZ-(neglistered accent and president
Having been named as registered agent and to accept service of process for the above stated
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
M/M. S/11/19 10 6/12/3
(Signature of Registered Agent) (Signature of Registered Agent) (Date) (Date)
if signing on behalf of an entity: VESUS 1172 PRESS DENT AND VISE
(Typed or Printed Name) (Capacity)

CR2E045(9/00)

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