F080000004194

(Re	equestor's Name)		
(Ac	ldress)		_
(Ac	ldress)		_
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me)	•
(5)	ocument Number)		<u>:</u>
(DC	ocument Number)		•
Certified Copies	´. Certificates	s of Status <u>. </u>	<u>:</u>
Special Instructions to	Filing Officer:		•
		,	
		<u>.</u>	

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ZOOD NOV -2 AM ID: 12
SECRETARY OF STATE
TALLAHASSEE, FLORID,

R.A

Division of	of Corporations	4	
SUBJECT:	Wald Im	iports, Inc.	
	Name	of Corporation	MA (MO V) (MO D) (MO V) (MO V) (MO V) (MO V)
DOCUMENT N	UMBER: F	08000004194	
The enclosed State	ement of Change of Registered (Office/Agent and fee are s	submitted for filing.
Please return all c	orrespondence concerning this n	natter to the following:	
	Ma	arilyn Sippy of Contact Person	
	Name o	f Contact Person	
		Imports, Ltd.	
	Fir	m/Company	
	11200 Ki	rkland Way #300 Address	
		Addiess	
	on one Kirklar	~4 /W/V U0U33	
Y V V V	City/St	nd, WA 98033 ate and Zip Code	
	·	·	
	marilynsippy E-mail address: (to be used	@waldimports.com	t notification)
	E-man address. (to be used	for future annual report	i notrication)
For further inform	nation concerning this matter, ple	ease call:	
	Marilyn Sippy	at (425)	822-0500 x101
Na	Marilyn Sippy ame of Contact Person	Area Code &	Daytime Telephone Number
Enclosed is a \$35	.00 check made payable to the E	Department of State.	
	Mailing Address:	Street Ad	dress:
	Amendment Section	Amendm	ent Section
	Division of Corporation P.O. Box 6327	ns Division Clifton E	of Corporations
	T.O. DOX 0327	Ciliton	Juliumg

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

$\dot{\text{S}}\textsc{tatement}$ of change of registered office or registered agent or both for corporations

statement of c	ne provisions of sections 6 hange is submitted for a c	corporation organ	iized under th	he laws of t	he State of $\underline{\ }$	Washingt	s ton	
	der to change its registered of the corporation: Wald	_	_					
	oal office address: 11200			, , ,				
3. The mailing	g address (if different):						· press	
4. Date of inc	orporation/qualification: _	9-25-08	Docun	nent numbe	er: <u>'</u>	F080000	4194	
5: The name a	and street address of the co partment-of State: (If resig	urrent registered a	igent and reg	istered offi	ce on file wi	th the	es said	
•	Corporation Serv	ce Compan	4			· 	r-3	
t.	1201 Hays St.	•				FALL	069 N	سيميد 1
	Tallahassee, FL					AHA AHA AHA	2009 NOV -2	
6. The name a	and street address of the n				-	SEE, FL	2 MID: I	ר
	Lourdes Serio	7 - Martin and a state of the s			in ya dali 4 dili. Marijili ta yipininganin tara ya Milipa		: 12	
	919 Southwest 14			•		- TP		
			OT acceptable					
	Davie, FL 33326					- -		
The street ad as changed w	dress of its registered off	ice and the stree	address of t	the busines	s office of i	ts registere	d agent,	
Such change authorized by	was authorized by resolution the board, or the corporation	ation duly adoptoration has been n	ed by its boar otified in wr	rd of direct iting of the	ors or by ar change.	n officer so	ı	
Sign	nature of an officer or director .	1. 670	<u>, </u>	Louis R.	Wald. Pro	esident .		
I yereby acco I further agro of my duties, document is:	ept the appointment as re ee to comply with the pro and I am familiar with being filed merely to fell has been notified in writi	egistered agent a visions of all sta and accept the ob ect a change in t	nd agreë to d tutes relative ligation of n he registered	act in this o	anacity.			; i
• •				10/	13/	99-		
If signing on	Signature of Registered Agent behalf of an entity:		. , , , , , , , , , , , , , , , , , , ,	/	Date /	,		
	Lourdes Serio		· · · · · · · · · · · · · · · · · · ·			r e	*	
	Typed or Printed Name	* * * FH INC E	EE: \$35:00	* * *				
•	Make Check	S PAYABLE TO FI			or State			
,	MAIL TO: DIVISION OF	CORPORATIONS,	P.O. Box 63	27, TALLA	hassee, FL	. 32314		

CR2E045 (8/05)

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