## 1200038383

(Requestor's Name)				
(Address)				
(A	ddress)			
· (C	ity/State/Zip/Phone #)			
<u></u>	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of S	tatus		
Special Instructions to Filing Officer:				

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SECRETARY OF STATE

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T. CLINE
OCT 3 1 2012
EXAMINER

## COVER LETTER

Division of Corpora	ations				
SUBJECT:		IMPE	(INTER	LLC	
	Name of	Limited	Liability C	ompany	
Dear Sir or Madam:					
The enclosed Registered A	gent/Registered	Office (	Change and	fee(s) are submitt	ed for filing.
Please return all correspond	dence concernin	g this m	atter to the	following:	
			~ . •		<u>.</u> .
FERNANI	DO CAMARGO	)			
Name	of Person				
IMPEX	INTER LLC				
	Company				
14271 N	W 10 COURT				主流 舞
1427 FIN	W 18 COURT	3 1 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3			F. 5
, ,					
	PINES/FL 330	028			FO T
' City/State	and Zip Code				OF STATE
					و وي اليو
FCAMARGO@ E-mail address: (to be used for	IMPEXINTER	.COM			
E-mail address: (to be used for	r future annual report	t notification	on)		
For further information con	ncerning this ma	tter, ple	ase call:		
FERNANDO CA		at (_	954)	610 8	
Name of Person	1		Area	Code & Daytime Telepl	none Number
STREET/COURIE	R ADDRESS:		MAILIN	NG ADDRESS:	
Registration Section		Registration Section			
Division of Corporat	ions	Division of Corporations			
Clifton Building		P.O. Box 6327			
2661 Executive Cent Tallahassee, Florida			Tallahas	see, Florida 32314	
Enclosed is a chec	k for the follow	ing amo	ount:		
\$25 Filing Fee	of a contract		\$55 Fi	ling Fee & Certifi	ed Copy

TO: Registration Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	IMPEX INTER LLC			
2. (a) Principal office address of limited liability company	2656 SW 116 AVE #109			
(Note: MUST BE STREET ADDRESS)	MIRAMAR FL 33025			
(b) Mailing address of limited liability company:	14271 NW 18 COURT			
(Note: MAY BE POST OFFICE BOX)	PEMBROKE PINES FL 33028			
03/14/2012	L12000038383			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Depti-of State:			
Registered Agent:	DALLOS, TATIANA			
Registered Office Address:	2656 SW 116 AVE #109 5 5 7 MIRAMAR FL 33025			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>				
NEW Registered Agent:	CAMARGO, FERNANDO			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14271 NW 18 COURT			
(MOST DE PLORIDA STREET ADDRESS)	PEMBROKE PINES ,FL33028			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization			
TATIANA DALLOS	· _			
Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my possible to the provision of	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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