P03000034075

(Re	equestor's Name)				
(Ad	ldress)				
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(Ci	ty/State/Zip/Phone	e #)			
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(Business Entity Name)					
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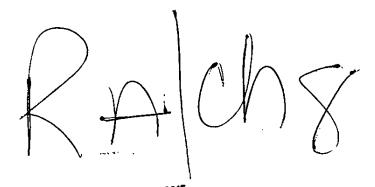
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT, IMPORT IMPORT, INC

Name of Corporation

DOCUMENT NUMBER: P03000034075

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:

STEFANIE YEPES

Name of Contact Person

Y&Y BUSINESS CONSULTANTS, LLC

Firm/Company

175 SW 7TH ST SUITE 1518

Address

MIAMI,FL 33130

City/State and Zip Code

STEFANIE.YEPES@YYYBUSINESS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE A. GARCIA LOPEZ ... 786 \ 461-49

Name of Contact Person

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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

			02, 607,1508, or 617,1508, Florid nized under the laws of the State (
			tered agent, or both, in the State o	·
2. The principal	the corporation: IM office address: 78 H, FL 33016	PORT IMPOF 80 W. 20TH A	RT INC IVE STE 33	
3. The mailing a	address (if different)	i		
4. Date of incor	poration/qualification	on: 03/25/2003	Document number: P03	000034075
		ne current registered : esigned, enter resign	agent and registered office on file ed)	with the
	ROMULO E	BARRETO		
	7880 W. 20TH AVE STE 33		7 20	
	HIALEAH, F	L 33016		
6. The name and (if changed):		ne new registered age	ent (if changed) and /or registered	MISHOY 10 MIN: 51
	JOSE ANTO	NIO GARCIA	LOPEZ	
	7880 W. 2 0	TH AVE STE	33	
	HIALEAH, F	P.O. Box NO L 33016	T acceptable	77
The street addr	ess of its registered l be identical	office and the street	address of the business office o	f its registered agent,
			d by its board of directors or by stified in writing of the change.	
<u></u>	()		ROMULO E. BARRI	
I hereby accept I further agree performance of agent. Or, if th	to comply with the f my duties, and I ai iis document is bein	s registered agent ar provisions of all star n familiar with and is griled merely to ref	Printed of typed name and agree to act in this capacity. It the proper and cacept the obligation of my posite lect a change in the registered of my writing of this change.	complete tion as registered
		> ;	NOVEMBER 5, 201	5
	gnature of Registered Agen	1	Date	
_JOSE/	chalf of an entity:	A LOPEZ		
	Typed or Printed Name	* * * FILING FI	EE: \$35.00 * * *	
IV.			ORIDA DEPARTMENT OF STATE	T 2021A

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)