## P03000042145

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LIZ-VON FASHION, INC. (Name of corporation)  DOCUMENT NUMBER: P030000 42145
DOCUMENT NUMBER: 1 03000 42/45
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:
(Name of person)
LIZ-VON FASHION, INC (Name of firm/company)
830 WEST 37TH TERRACE TO STATE
Hiaceah, fl. 33012 (City/state and zip code)
For further information concerning this matter, please call:
TYONNE MOLINA at (305) 558-5431  (Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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

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Mil. ac.

Pursuant to the	e provisions of sections 607.0502, 617.050	2, 607.1508, or 617.15	08, Florida Statutes,
	of change is submitted for a corporation org	•	·
	<u>1</u> in order to change its registered of	îce or registered agent,	or both, in the State
of Florida.	the corporation: $\angle 12 - VON 7$	-ASHIAN I	$\omega_{\mathcal{C}}$ .
	l office address: <u>830 WE:</u> EAH, Florina, 3301		
			•
4. Date of incorp	rporation/qualification: 4/15/2003	B Document number:	P0300004214
5. The name and	nd street address of the current registered age		
	WALTER E.	REDOMDO	
	12706 SW	72nd ST. S	SUITE 12
	MIAMI, FI	orioA, 331	93
6. The name an changed):	nd street address of the new registered ag		r registered office (if
-			<u></u>
	830 WE (P.O. Box or personal mailbox NO	ST 37 7E	ER.
-		, F1. 3301	
The street address agent, as change	ress of its registered office and the street ad ged will be identical.	dress of the business of	fice of its registered
Such change was authorized by the	as authorized by resolution duly adopted be board, or the corporation has been notif	y its board of directors of the cha	or by an officer so
Limal Officer	Micro  The chairman of the board	ONNE MOLINA (Printed or typed name and ti	PRESIDENT.
perjormance oj revistered aven	t the appointment as registered agent and a to comply with the provisions of all statute f my duties, and I am familiar with and acc nt. Or, if this document is being filed mere I hereby confirm that the corporation has	ngree to act in this capa is relative to the proper ept the obligation of my by to reflect a change in	city. and complete position as the registered
Leoure (	Molaw Signature of Registered Agent)	4/29/ (Date)	03.
If signing on behal	, ,	, (and )	O3 HA
(n	(Typed or Printed Name)  * * * FILING FEE: \$3	(Capacity)	FILE WASSE
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMEN DIVISION OF CORPORATIONS, P.O. BOX 6327, T		FIG. E