## P08000055002

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
, , , ,	
(Document Number)	
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Certified CopiesCertificates of Status	
Special Instructions to Filing Officer:	$\neg$
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SECRETARY OF STALL
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## **COVER LETTER**

TO:	Amendment Sec Division of Corp	tion porations						
SUBJE	ЕСТ:	Asian Food So	olutions, Inc.					
DOCU	MENT NUMBE	R:P0	8000055002					
The end	closed Statement	of Change of Registered Off	ice/Agent and fee are su	bmitted for filing.				
Please	return all correspo	ondence concerning this mat	ter to the following:					
		Alla	n Lam					
		Name of C	ontact Person					
	Asian Food Solutions, Inc							
	Firm/Company							
	2572 W State Road 426, Suite 2016							
	Address							
	Oviedo, FL 32765 City/State and Zip Code							
	allan.lam@asianfoodsolutions.com  E-mail address: (to be used for future annual report notification)							
For fur	ther information o	concerning this matter, please	e call:					
	Α	llan Lam	at ( 888 )	499-6888				
	Name of	Contact Person	Area Code & D	499-6888 Daytime Telephone Number				
Enclose	ed is a \$35.00 che	ck made payable to the Depa	artment of State.					
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Bu	nt Section f Corporations				
		Tallahassee, FL 32314		e, FL 32301				

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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo ed under the laws of the Stat ed agent, or both, in the Stat	e of Florida
1. The name of t	the corporation: Asian	Food Solution	ons, Inc.	
	*		6, Suite 2016 Oviedo, F	<sup>-</sup> L 32765
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification:	6/4/08	Document number:	P08000055002
	I street address of the curt tment of State: (If resigne		nt and registered office on fi	le with the
	Debra Huffman			
	4178 Caledonia Av	<b>′</b> e.		09 OCT
	Apopka, FL 32712			AND CI
6. The name and (if changed):	I street address of the nev	v registered agent (	(if changed) and /or registere	그윽 글 💹
	Allan Lam			SIAI
	2572 W State Rd. 4	426, Suite 2010 P.O. Box NOT a	6 Oviedo, FL 32765	<b>9</b> 長 <b>ソ</b> 
as changed will	be identical.		Idress of the business office	,
Such change was authorized by the	as authorized by resolution board, or the corporate	on duly adopted bion has been notif	y its board of directors or lited in writing of the chang	by an officer so e.
I hereby accent	the appointment as region to comply with the provi	stered agent and	Debra Printed or typed name agree to act in this capacity es relative to the proper an	e and title
aocument is bet	d I am familiar with and ng filed merely to reflec been notified in writing	i a cnange in ine i	es relative to the proper an ation of my position as reg registered office address, I	stered agent. Or, if this hereby confirm that the
Sig	nature of Registered Agent	<del></del>	10/4/( Date	)9
	half of an entity:			
	Allan Lam	<u>_</u>		

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