

PO8000082061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 AUG -3 AM 10:43

R Achy
08/11/09

July 31, 2009

Imperial Wines, Inc.
7235 Biscayne Blvd.
Miami, FL 33138

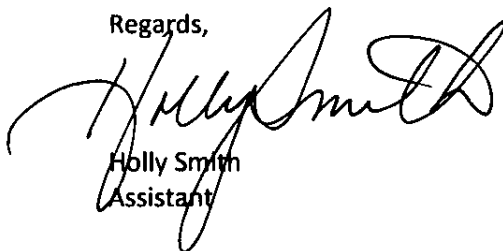
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attn: Karen Gibson

Dear Ms. Gibson:

It was nice speaking to you on the afternoon of July 24th. As per our discussion, the mail regarding the change of registered agent for our company Imperial Wines, Inc. was not forwarded to us. The business hasn't opened yet and we don't even have a mailbox currently. I have enclosed the required statement of change and the enclosed \$35.00 fee. You said you were able to undo the dissolution and return our company status to active when you have received this paperwork. I have addressed this correspondence to your attention as per your request.

Again, it was a pleasure speaking with you. Thank you for all your help.

Regards,

A handwritten signature in black ink, appearing to read 'Holly Smith', written in a cursive style. The signature is positioned above the printed name and title.

Holly Smith
Assistant

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMPERIAL WINES, INC.
Name of Corporation

DOCUMENT NUMBER: P08000082061

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:

HOLLY SMITH
Name of Contact Person

IMPERIAL WINES, INC.
Firm/Company

7235 BISCAYNE BLVD.
Address

MIAMI, FL 33138
City/State and Zip Code

hollieday@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HOLLY SMITH at (786) 301-4633
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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: IMPERIAL WINES, INC.
2. The principal office address: 7235 BISCAYNE BLVD.
MIAMI, FL 33138
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/1/2008 Document number: P08000082061

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED: RAFFAELE MANDIS
210 SW 11th STREET APT. 406
MIAMI, FL 33130

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

YSEE GAUDEL
770 NE 69TH ST #6F
P.O. Box NOT acceptable
MIAMI, FL 33138

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X [Signature]
Signature of an officer or director

YSEE GAUDEL - PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

X [Signature]
Signature of Registered Agent

7-31-09
Date

If signing on behalf of an entity:

YSEE GAUDEL
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314