PO800010549a

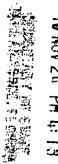
(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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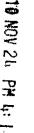
Office Use Only



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11/24/10--01018--024 **35.00







COVER LETTER

Division of	nt Section f Corporations					
SUBJECT: IMPORTS COLLECTION, INC.						
Name of Corporation						
DOCUMENT NU	DOCUMENT NUMBER: P08000105492					
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:						
ELIAS ALSADI						
Name of Contact Person						
Firm/Company						
	1869 N.W. 97 AVENUE					
	Add	ress				
	DORAL, FLO	RIDA 33172				
DORAL, FLORIDA 33172 City/State and Zip Code						
	IMPORTSCOLLECT	ON@GMAIL.COM				
E-mail address: (to be used for future annual report notification)						
For further informa	ation concerning this matter, please of	all:				
	ELIAS ALSADI	at (305) 597-4332 Area Code & Daytime Telephone Number				
Nan	ne of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.0	0 check made payable to the Depart	ment of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, 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 organized	07.1508, or 617.1508, Flo I under the laws of the Stat agent, or both, in the State	e of FLORIDA	
1. The name of	the corporation: IMPO	RTS COLLEC	TION, INC.		
2. The principal office address: 1869 N.W. 97 AVENUE; DORAL, FLORIDA 33172					
3. The mailing a	ddress (if different): SA	ME AS ABOVE		· · · · · · · · · · · · · · · · · · ·	
4. Date of incorp	poration/qualification:	12/01/2008	Document number:	P08000105492	
	I street address of the cur tment of State: (If resign		and registered office on fi	le with the	
	ELIAS ALSADI				
	2375 N.W. 97 AVE	NUE			
	DORAL, FLORIDA	33172			
6. The name and (if changed):	I street address of the nev	v registered agent (if	changed) and /or registere	NOV 21 PA	
	ELIAS ALSADI				
1869 N.W. 97 AVENUE					
P.O. Box NOT acceptable DORAL, FLORIDA 33172					
	ess of its registered offic be identical.	e and the street add	ress of the business office its board of directors or ed in writing of the chang		
Sionatui	re of an officer or director		ELIAS ALSADI, Printed or typed name	PRESIDENT	
I hereby accept I further agree to of my duties, an document is bei		istered agent and ag sions of all statutes d accept the obligat t a change in the re to this change.	gree to act in this capacity relative to the proper an ion of my position as regi gistered office address, I		
			11/19/2	010	
_	nature of Registered Agent		Date		
If signing on be	half of an entity:				
	yped or Printed Name				

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