

(Re	equestor's Name)	
. (Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	e #)
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AUG 11 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Remove the Vice-President EDZLY Joseph.
Name of Corporation

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:

ANEL BIEN-AIME

BI's # ruf out Export auto Sales inc

4701 SW 45 St Bld 9 by # 90

Davie Ph 33314
City/State and Zip Code

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

For further information concerning this matter, please call:

Anel Bics Aime at 954 801-4099
Name of Contact Person at Q54 Sol-4099
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 HOSTAD
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BI's Import-Export auto 30/es 111Ci
2. The principal office address: 4701 Sw 45 St Blad 9 604 # 20
Davie ft 353314.
3. The mailing address (if different): 5tdy the 5dme-
7101 NW 24 Place gunrise 6-32313
4. Date of incorporation/qualification: 07-06-20/0 Document number: \$\overline{P}\tag{00.000} 55777
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)
EDZer Josephi
1800 NW 47th Ave
Landerhill fl 33313
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Joricles DorsainVil
4021 NW 3 Way P.O. Box NOT acceptable
Pompano Beach Fl. 33064
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.
ANEL Bien-Aime, President
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.
Josich Dougain VIII 7- 26-14 Signature of Registered Agent Date
If signing on behalf of an entity:
JORICLES DORSHOW LGC 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
CR2E045 (03/12)