

P110000056018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

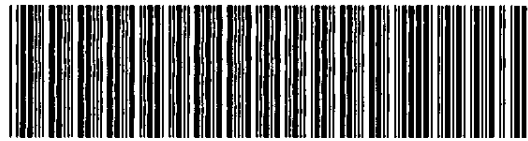
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12-8-11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ASL INTERAMERICA SECURITY TRADING INC.  
Name of Corporation

DOCUMENT NUMBER: P11000056018

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:

IMRAN MOHAMED

Name of Contact Person

c/o ASL INTERAMERICA SECURITY TRADING INC.  
Firm/Company

2302 TREETOP LN.  
Address

KISSIMMEE FL 34746  
City/State and Zip Code

mraali@gmail.com

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

For further information concerning this matter, please call:

ADIL A. A. ALI

Name of Contact Person

at ( 386 ) 846-4363

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ASL INTERAMERICA SECURITY TRADING INC.
2. The principal office address: 15075 SW 137 STREET, UNIT 4  
MIAMI FL 33196 US
3. The mailing address (if different): 2302 TREETOP LANE, KISSIMMEE FL 34746
4. Date of incorporation/qualification: 06/15/2011 Document number: P11000056018

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)

AAL CARIBBEAN SOURCING SOLUTIONS LLC  
2302 TREETOP LANE  
KISSIMMEE FL 34746 US

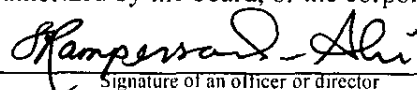
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ADIL A. ALI  
15075 SW 137 STREET, UNIT 4  
MIAMI FL 33196 US

P.O. Box NOT acceptable

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.

  
Signature of an officer or director

LYNETTE RAMPERSAD-ALI  
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.*

  
Signature of Registered Agent

12/03/2011  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (8/05)