P11000102957

(Req	uestor's Name)			
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(Address)				
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

- COVER LETTE	CR CR
TO: Amendment Section Division of Corporations	
SUBJECT: Le Grand Imports, INC.	
Name of Corporatio DOCUMENT NUMBER: P11000102957	n

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:

Nave Levi		
Name of Contact Person		
Firm/Company		
4955 SW 33rd Ave		
Address		
Fort Lauderdale		
City/State and Zip Code		
Navelevi@gmail.com		

For further information concerning this matter, please call:

Nave Levi	954	3946415
Name of Contact Person	Area Code &	& Daytime Telephone Number

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

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

		.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida
	· · · · · · · · · · · · · · · · · · ·	gistered agent, or both, in the State of Florida.
1. The name of	the corporation: Le Grand Imp	orts Inc
	l office address: 2069 SW 31st ke Park , Florida 33009	AVE
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 12/02/201	1 Document number: P0011102957
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file with the igned)
	SHLOMI LEVI	
	4955 SW 33rd AVE	12 5 5 6
	Fort Lauderdale , FL 333	12
6. The name and (if changed):		agent (if changed) and /or registered office
	NAVE LEVI	
	4955 SW 33rd AVE	
	Fort Lauderdale , FL 333	NOT acceptable
		···
The street address changed will	ess of its registered office and the sta l be identical.	reet address of the business office of its registered agent,
Such change wa authorized by the	as authorized by resolution duly ado he board, or the corporation has been	pted by its board of directors or by an officer so i notified in writing of the change.
	le L	NAVE LEVI
ě	ure of an officer or director	Printed or typed name and title
I hereby accept I further agree performance of agent. Or if th hereby confirm	t the appointment as registered agen to comply with the provisions of all find duties, and I am familiar with a his document is being filed merely to that the corporation has been notifi	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of mv position as registered reflect a change in the registered office address, I ed in writing of this change.
Mn		11/10/2015
Sig	gnature of Registered Agent	Date .
If signing on be	ehalf of an entity:	
Le Grand I	mports, Inc.	
Т	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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