

P140000071820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

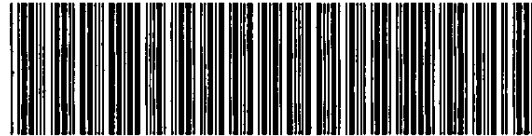
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/17/18--01027--010 **35.00

APR 17 2018 10:10 AM
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18 APR 25 AM 10:42

FILED

APR 26 2018
S. YOUNG

"Rejected Attempt"



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2018

YAN VALDES, C.P.A.
VALDES C.P.A. & ADVISORS, P.A.
848 BRICKELL AVENUE STE 625
MIAMI, FL 33131

SUBJECT: VIAIMPORT CORP.
Ref. Number: P14000071820

We have received your document for VIAIMPORT CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

CURRENT REGISTERED AGENT MUST BE LISTED

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 018A00007898

RECEIVED
18 APR 25 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **VIAIMPORT CORP.**
Name of Corporation

DOCUMENT NUMBER: **P14000071820**

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:

YAN VALDES, C.P.A.

Name of Contact Person

VALDES C.P.A. & ADVISORS, P.A.

Firm/Company

848 BRICKELL AVE, SUITE 625

Address

MIAMI/FL, 33131

City/State and Zip Code

yvaldes@valdescpa.com

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

For further information concerning this matter, please call:

YAN VALDES

Name of Contact Person

at **305 517-3309**

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: VIAIMPORT CORP.
2. The principal office address: C/O 848 BRICKELL AVE, SUITE 625 MIAMI, FL 33131
3. The mailing address (if different): C/O 848 BRICKELL AVE, SUITE 625 MIAMI, FL 33131
4. Date of incorporation/qualification: 08-28-2014 Document number: P14000071820

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 - Rene Velazquez CPA, P.A.
100 N Biscayne Blvd, Suite 1108
Miami, FL 33132

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

VALDES CPA & ADVISORS, P.A.

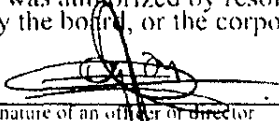
848 BRICKELL AVE, SUITE 625

P.O. Box NOT acceptable

MIAMI, FL 33131

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

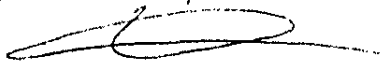
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

OMAR HASSAN, 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.


Signature of Registered Agent

4-9-2018

Date

If signing on behalf of an entity:

YAN VALDES

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