P160000 10090

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	ICON BEST SHOWER AND RAILINGS USA, INC.						
301331	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning th	nis matter to the	following:				
Victor	тТао						
	Name of Person		_				
ICON	BEST SHOWER AND RAILING	S USA, INC.					
	Firm/Company						
4455	Rue Cousens						
	Address	·					
Ville S	Saint-Laurent, QC H4S 1X5 CA						
	City/State and Zip Code						
	t@sinobectrading.com						
Е	-mail address: (to be used for future am	nual report notil	Tication)				
For fur	ther information concerning this matter	, please call:					
Victor	Tao	514 at (339-9333				
	Name of Person	`	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.o	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314				
	Inclosed is a check for the following amount:						
	2 \$25 Filing Fee	□ \$	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: ICON BEST S	SHOV	VER AND I	RAILINGS USA, INC.		
2. (a)	1901 Green Road Bay	(b) 4455 Rue Cousens				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· · —	Mailing address of limited liability con (Note: MAY BE POST OFFICE B		
	Pompano Beach, FL 33064		Ville Sa	int-Laurent, QC H4S 1X5 (CA	
	01/29/2016	_	P160000	10090	-,	
3.	Date of filing/registration in Florida	ā.		Document number		
5. (a)	Li, Zhong			_		
	Registered Agent and Registered Office shown on the records of to 5301 North Federal Highway	he Flori	la Dept. of Stat	- e:		
	Registered Office Address <u>(MUST BE FLORIDA STREET A</u> Boca Raton	IDDRES	<u>(S)</u>			
	, FL	33487	7. 	- -		
(h)	Li, Zhong, Sr.					
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:	-		
	1901 Green Road Bay					
	NEW Registered Office Address:			2919		
	Pompano Beach			(.)		
		33064		25		
	FL_	3300-		PA		
the cha agent was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the laws of th	the reg bility c the lir	istered office ompany, it is nited liability	e and the business office other is hereby confirmed that the char y company or as otherwise proving apany.	egistered ige(s)	
	ure of a member or authorized representative of a member		t ·	Printed or typed name of signee		
provision the oblication of th	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	re to ac perforn for in ereby c	t in this cape iance of my e Chapter 605 confirm that i	acity. I further agree to comply duties, and Lam familiar with a i. F.S. Or, if this document is be the limited liability company ha.	with the id accept ing filed s been	
Signatur	c of Registered Agent					