

P94/DDDD25342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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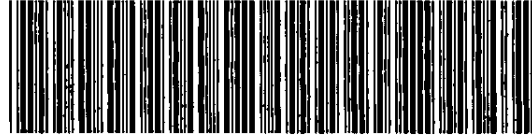
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IMPEX OF DORAL, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P94000025342

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:

Rafael Recalde, Esq.

Name of Contact Person

RECALDE LAW FIRM, P.A.

Firm/Company

10800 BISCAYNE BLVD., SUITE 988

Address

MIAMI, FL 33161

City/State and Zip Code

RAFAEL@RECALDELAW.COM

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

For further information concerning this matter, please call:

Rafael Recalde, Esq.

Name of Contact Person

at ( 305 ) 792 - 9100

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

*Sent to the  
mailing address on  
the cover letter. With a  
\$35.00 check from  
operating account.*

**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: IMPEX OF DORAL, INC.
2. The principal office address: 7850 N.W. 80 ST., SUITE #3, MEDLEY, FL 33166
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/23/2009 Document number: P94000025342
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)

RAFAEL RECALDE

3250 NE 1ST AVENUE, SUITE 303

MIAMI, FL 33137

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

RECALDE LAW FIRM, P.A.

10800 BISCAYNE BLVD., SUITE 988

P.O. Box NOT acceptable

MIAMI, FL 33161

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

GIANCARLO DI MELLA - CEO  
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

6/2/2016

Date

If signing on behalf of an entity:

RAFAEL RECALDE, ESQ.

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

C\R2E045 (03/12)