P95000017689

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

Office Use Only

Care of to Care of Care.



700133523757

07/31/08--01028--005 **35.00



80 chs

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Shiva Imports & Exports Inc., (Name of Corpora	tion)
DOCUMENT NUMBER: P- 950000 17	689
The enclosed Statement of Change of Registered Office/Ager	nt and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
,	
Lalit Mehta	
(Name of Contact P	erson)
Shiva Imports & Exports Inc.,	
(Firm/Company	<u> </u>
· · · ·	
5687 NW 109th Way	
(Address)	:
Coral Springs, FL-33076	
(City/State and Zip	Code)
For further information concerning this matter, please call:	
Lalit Mehta	954 \ 977-3355
(Name of Contact Person)	954 977-3355 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of	of State.
-	
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Ftoriaa Statutes, this inge is submitted for a corporation organized under the laws of the State of <u>FLORIDA</u> r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Shiva Import/Export, Inc.
2. The principal	office address: 5687 NW 109th Way
Coral Spring	gs, FL-33076
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 03/03/1995 Document number: P-95000017685
	d street address of the current registered agent and registered office on file with the the threat of State:
	Lalit Menta
	14 NE 1st Ave, # 406
	Miami, FL-33132
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Lalit Mehta 20
	5687 NW 109th Way
	(P.O. Box NOT acceptable)
	Coral Springs, FL-33076
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
	Lalit Mehta, President (Printed or typed name and title)
I hereby accept I further agree of my duties, ar document is bel corporation ha	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
-KKM	gradure of Registered Agent) O 7- 28- 8. (Date)
10	gnature of Begistered Agent) (Date)
	•
	Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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