P0900050/109

(Re	questor's Name)					
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	⇒#)				
PICK-UP	WAIT	MAIL.				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						

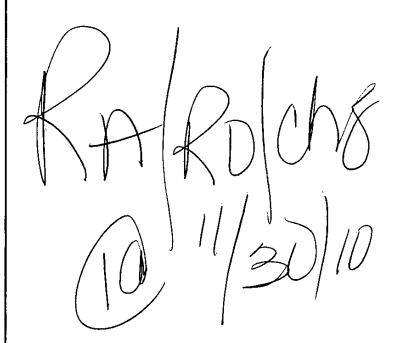




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11/23/10--01015--030 **35.00

SECRETARY OF STATE AND AND 23 PM 2: 49



COVER LETTER

TO:	O: Amendment Section Division of Corporations						
SUBJ	ECT:		Karimi & Co. Name of Corporat	ion			
DOCUMENT NUMBER:			P090000	50169			
The en	closed State	ment of Change of Reg	gistered Office/Agen	t and fee are submitted for filing.			
Please	return all co	orrespondence concerni	ing this matter to the	following:			
	Farid Karimi Name of Contact Person						
			Name of Contact Fo	2180H			
Firm/Company				, , , , , , , , , , , , , , , , , , , 			
2637 E. Atlantic Blvd, #14501			, #14501				
	Pompano Beach, FL 33062 City/State and Zip Code meridianmarc@gmail.com						
		E-mail address: (to l	be used for future a	nnual report notification)			
For fu	ther informa	ation concerning this m	natter, please call:				
		Farid Karimi	at (_	813 9 843-4593 Area Code & Daytime Telephone Number			
	Na	me of Contact Person		Area Code & Daytime Telephone Number			
Enclos	ed is a \$35.0	00 check made payable	to the Department o	f State.			
		Mailing Address Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

CR2E045 (8/05)

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

			607.1508, or 617.1508, Flo ed under the laws of the Sta			
in orde	er to change its registered	l office or registere	d agent, or both, in the Stat	te of Florida.		
1. The name of	the corporation: Karim	i & Co.				
2. The principal	office address: 2637 E	. Atlantic Blvd,	#14501, Pompano Be	each, FL 33062		
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	6/8/2009	Document number:	P09000050169		
	d street address of the cur rtment of State: (If resign		nt and registered office on f	ile with the		
	Business Filings In	corporated				
	1203 Governors Square Blvd, Suite 101					
	Tallahassee, Florid	a 32301-2960		10 NOV 23		
6. The name and (if changed):	l street address of the nev	v registered agent (if changed) and /or register	ed office		
	Farid Karimi			2:		
	2637 E. Atlantic Blvd, #14501, Pompano Beach, FL 33062 P.O. Box NOT acceptable					
as changed will	be identical.		dress of the business office			
Such change was authorized by the	as authorized by resolutine board of the corporat	on drily adopted b ion has been notif	y its board of directors or ied in writing of the chang	by an officer so e.		
Signatu	re of an officer or director		Farid Karimi, Printed or typed nam			
I further agrée of my duties, an document is bei	to comply with the provi	sions of all statute I accept the obliga t a change in the r	agree to act in this capacit is relative to the proper an ition of my position as reg egistered office address, I	id complete performance		
	010					
	nature of Registered Agent half of an entity:		Date			
John John De	arman on the villey.					
	yped 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 CR2E045 (8/05)