I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: MONA L RUSSELL

I

Electronic Signature of Signing Officer/Director Detail

Entity Name: IA OF TAMPA BAY, INC.

Current Principal Place of Business:

4821-B W. FLAMINGO RD TAMPA, FL 33611

Current Mailing Address:

POST OFFICE BOX 271081 TAMPA, FL 33688 US

FEI Number: 59-6139291

Name and Address of Current Registered Agent:

RUSSELL, MONA L 4821-B W. FLAMINGO RD TAMPA, FL 33611 US

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MONA L. RUSSELL				03/31/2016	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	VP		
Name	RUSSELL, MONA L	Name	SWAFFORD, JAMI		
Address	4821-B W. FLAMINGO RD	Address	3044 WEST BEARSS AVENUE		
City-State-Zip:	TAMPA FL 33611	City-State-Zip:	TAMPA FL 33618		
Title	TREASURER	Title	SECRETARY		
Name	LOVINGER, RICH	Name	HARRISON, GREG		
Address	4016 HENDERSON BLVD	Address	3895 TAMPA ROAD		
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	OLDSMAR FL 34677		

PRESIDENT

03/31/2016

FILED Mar 31, 2016 Secretary of State CC3161295655

Date