## F00000004330

(Re	equestor's Name)			
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SECRETARY OF STATE DIVISION OF CORPORATION:

R.A. Chory

C. Coufficite OCT 0 3 2007

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
Division of Corporations					
SUBJECT: INTERNATIONAL STRATEGIC BUSINESS SOLUTIONS INC.					
(Name of Corporation)					
DOCUMENT NUMBER: F00000004330					
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:					
RAMASWAMY LAXMAN					
(Name of Contact Person)					
(Firm/Company)					
9911 LIBERTY ROAD					
(Address)					
BOCA RATON - FL - 33434					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
RAMASWAMY LAXMAN at ( 561 ) 483-1905					
(Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Street 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

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

	provisions of sections 607.0302, 617.030 ange is submitted for a corporation organ	2, 607.1308, or 617.1308, Fioriaa Statutes, in ized under the laws of the State of	is .
	- · · · -	ered agent, or both, in the State of Florida.	
1. The name of	the corporation: INTERNATIONAL ST	FRATEGIC BUSINESS SOLUTIONS IN	1C.
2. The principal	office address: 5024 NAUTICA LAKE	CIR.	
GREENA	CRES - FL - 33463		
3. The mailing a	address (if different): 9911 LIBERTY I	ROAD	
BOCA RA	TON - FL - 33434		
4. Date of incor	poration/qualification: 06/23/1998	Document number: F0000004330	
	d street address of the current registered a rtment of State:	gent and registered office on file with the	·
	SMITA IYER		
	5024 NAUTICA LAKE CIR	· · ·	
,	GREENACRES - FL - 3346	<b>3</b>	
6. The name and (if changed):	d street address of the new registered ager	at (if changed) and /or registered office	•
	REGISTERED AGENT: RA	AMASWAMY LAXMAN	
	9911 LIBERTY ROAD		S SYfe
	(P.O. Box NOT acceptable)	-	SION SECR
	BOCA RATON - FL - 3343	4	2 9 A E
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registere	ed agent, S
Such change wanthorized by	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change:	F STA
xV- K	- 11 m	VENKAT IYER ; PRESIDENT	TION
=	the appointment as registered agent an to comply with the provisions of all state and I am familiar with and accept the obli ing filed merely to reflect a change in the s been notified in writing of this change.	(Printed or typed name and title) d agree to act in this capacity. utes relative to the proper and complete perj gation of my position as registered agent. Ce e registered office address, I hereby confirm	formance Or, if this that the
(	Lay ment	09/12/2007	
(Si	gnature of Registered Agent)	, (Date)	
If signing on be	chalf of an entity:		
C	Typed or Printed Name)		
	* * * FILING FE	E: \$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)