## P03000006252

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cooms to Change, Market,
(Document Number)
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Ideal Merchandising and Services Unlimited Inc.  (Name of corporation)
DOCUMENT NUMBER: F03000006252
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:
DaLinda Judy
(Name of person)
Ideal Merchandising and Services Unlimited Inc. (Name of firm/company)
P.O. Box 6951 (Address)
()
Springdale, AR 72766
(City/state and zip code)
For further information concerning this matter, please call:
DaLinda Judy  at ( 479 ) 361-2504 x.3016  (Name of person) (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  409 E. Gaines Street  Tallahassee, FL 32399

## 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, t	
	tted for a corporation organized under the laws of the State of Arkansas	in order
to change its reg	ristered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Ideal Merchandising and Services Unlimited Inc.	
2. The principal	office address: 609 Laura Lane	
Springdale,	AR 72762	
3. The mailing a	ddress (if different): P.O. Box 6951	
Springdale, i	AR 72766	
4. Date of incorp	poration/qualification: 12/12/03 Document number: F03000006252	
	d street address of the current registered agent and registered office on file with the ethnent of State:	
	Robert E. Foster	-
	2966 Wild Horse Rd.	ALL THE T
	Orlando, FL 32822	HAS:
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	OH MAR 12 PM 2:
	Robert C. Dawson	
	4310 Santa Villa Drive	A
	(P.O. Box or personal mailbox NOT acceptable)	-
	Pace, FL 32571	<b>-</b> •
The street addre	ess of its registered office and the street address of the business office of its registe identical.	red agent, as
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer se corporation has been notified in writing of the change.	so authorized by
Dol	Debra D. Pianalto, President	
I hereby accept I further agree duties, and I an being filed mere	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 per familiar with and accept the obligation of my position as registered agent. Or, if ely to reflect a change in the registered office address, I hereby confirm that the converting of this change.	reformance of mu
Kol	sent & Dowson 03-05-01	4
	(Signature of Registered Agent) (Date)	-
If signing on be	half of an entity:	
	(Typed or Printed Name) (Consists)	<u> </u>

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