F04000004131

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y 4.4 JUL 13 2006,

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TA 6LOBAL, INC. (Name of Corporation)
DOCUMENT NUMBER: F0400004131
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:
MARK SCOTT
(Name of Contact Person)
IA 6 LOBAL, INC.
(Firm/Company)
550 N. REO ST. SUITE 300 (Address)
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (813) 261-S1S7 (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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

TO:

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

Pursuant to the pr statement of chan in order		r a corpor	ation organiz	ed under th	e laws of t	he State of	FLOR, DA
1. The name of th	e corporation:	IA	CLOBA	LIN	٠٠.		
2. The principal o	· —	550	N. RE	0 ST.	5017	r & 300	
· · · · · · · · · · · · · · · · · ·		TA	nps, F	-L 33	609		
3. The mailing ad	dress (if different):					
4. Date of incorpo	oration/qualificati	on:	19/2004	Docum	nent numbe	r: <u></u> F 0 4	000004131
5. The name and s Florida Departr		he current	registered age	ent and regi	stered offic	ce on file w	rith the
_	MARK	<u>. Sco</u>	71				_
_	MARK 2260	WAR	wick	DR.			
_	ourson	AR, F	て346	フフ			O6 J
6. The name and s (if changed):	street address of t	he new reg	istered agent	(if changed	l) and /or re	egistered of	FILED BIL-6 PMI RETARY OF S
_	MARI	< 5c	cTT				mor 2 D
	IA GUO SSON	BAL, I	INC.	1783	a o		12: 5 STATI
_	2301	(P.O. Box 1	NOT acceptable)				- DA 57
-	TAMPA	I, FL	33609	•			
The street addres as changed will b	s of its registered e identical.	d office and	d the street a	ddress of tl	he business	s office of	its registered agent,
Such change was authorized by the	authorized by re board, or the co	solution d	uly adopted has been noti	by its boar fied in wri	d of directe ting of the	ors or by a change.	n officer so
man	Q Scot	\triangleright		\sim	MRK	Scot	T
(Signature	of an officer or direct	or)				yped name and	
I hereby accept ti I further agree to of my duties, and document is bein corporation has i	he appointment of comply with the I am familiar wi g filed merely to been notified in v	is registere provision: ith and acc reflect a c vriting of t	ed agent and s of all status cept the oblig hange in the his change.	agree to a tes relative tation of my registered	ct in this c to the pro y position office add	apacity. per and co as register ress, I hero	emplete performance red agent. Or, if this reby confirm that the
mar	2 Scott	ン		6	1301	06	
	ature of Registered Ag					(Date)	
If signing on beh	alf of an entity:						
IA 66	BAL, IN	ت.					
	ped 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)