

FO5000004829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

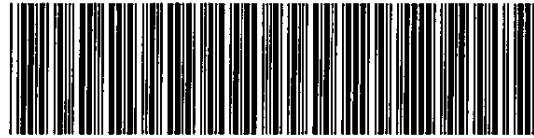
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IVI DUE DILIGENCE SERVICES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** F05000004829

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:

ROBERT MAZZARELLA  
(Name of Contact Person)

IVI DUE DILIGENCE SERVICES, INC.  
(Firm/Company)

55 WEST RED OAK LANE  
(Address)

WHITE PLAINS, NY 10604  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT MAZZARELLA at ( 914 ) 694-9600 EXT 310  
(Name of Contact 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of NEW YORK in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: IVI DUE DILIGENCE SERVICES, INC.
2. The principal office address: 6303 BLUE LAGOON DRIVE, SUITE 140, MIAMI, FL 33126
3. The mailing address (if different): 55 WEST RED OAK LANE, WHITE PLAINS, NY 10604
4. Date of incorporation/qualification: AUG. 17, 2005 Document number: F05000004829
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JEREMY GLASSMAN,  
444 BRICKELL AVENUE, SUITE 1030  
MIAMI, FL 33131

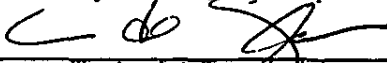
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

INCorp SERVICES, INC.  
17888 67th COURT NORTH  
(P.O. Box NOT acceptable)  
LOXAHATCHEE, FL 33470

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

T. Mario de Stefanis, VP  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

May 4, 2007  
(Date)

If signing on behalf of an entity:

Incorp Services, Inc.  
(Typed 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)