F050000001Z

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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ROCHS

COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: Indaba Global, Inc. Name of Corporation							
DOCUMENT NUMBER: F05 00000 7212							
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:							
Tack D Davis Name of Contact Person							
Indaba Global, Inc Firm/Company							
SOSO First Ave N. Address							
ST PETERS BURG, FL 33710 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
JACK D DAW at (727) 327-8779 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 SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301							

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CR2E045 (03/12)



October 9, 2012

JACK D. DAVIS INDABA GLOBAL, INC. 5050 FIRST AVENUE N ST. PETERSBURG, FL 33710

SUBJECT: INDABA GLOBAL, INC.

Ref. Number: F05000007212

We have received your document for INDABA GLOBAL, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 012A00024988



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2012

JACK D. DAVIS INDABA GLOBAL, INC. 5050 FIRST AVENUE N ST. PETERSBURG, FL 33710

SUBJECT: INDABA GLOBAL, INC.

Ref. Number: F05000007212

We have received your document for INDABA GLOBAL, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 312A00024234

Irene,

No check was retu

me.

documents

ase

attacked.

THURST !

JACK

727-735-3200

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

rursuant to the prov statement of change in order to	v	orporation organ	ized under the	laws of the	State of _		_
1. The name of the c	orporation:	Indaba	Global,	Inc	-		
2. The principal office	ce address:	5050 ST. Pet	First	Ave		710	
3. The mailing addre	ess (if different):		<u> </u>				
4. Date of incorporate	ion/qualification: _	2/8/5	Docume	nt number:	Fos	00000	7212
5. The name and stre Florida Departme	tet address of the cu int of State: (If resign TYCQS)			FE L	on file wit	th the	P
6. The name and stre (if changed):							福 器
	De	rrick	M. 1	ssown			OCT TO SERVICE
_	60	256 27	acceptable	ENUE	<u>~~_</u>		
	Sī	rrick DS6 21 P.O. Box NOT Peter	sburg,	FL 3	3710		18 OCT 11 PH 12: L
The street address cas changed will be i	f its registered offic dentical.	ce and the street	address of the	business of	ffice of its	s registered a	agent,
Such change was au authorized by the book signature of	^		JAU		DAVIS	IV.P.	_
I hereby accept the I further agree to co performance of my agent. Or, if this do hereby confirm that	annointment as rea	istered agent an isions of all stat niliar with and a ed merely to refl is been notified i	d agree to act utes relative to eccept the oblig ect a change fi n writing of th	in this cape the proper gation of m the regist is change.	ucity. • and com y position ered office	plete as registere e address, I	ed
1			5	Octo	ober	2012	
If signing on behalf	,	· 		Date			
Typed	or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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