

Division of Corporations Public Access System

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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## REGISTERED AGENT CHANGE

IBBERSON ENGINEERING, INC.

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12/29/2008

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Plo inge is submitted for a corporation organized under the laws of the Stat r to change its registered office or registered agent, or both, in the State	te of Colorado	
1. The name of	the corporation: The corporation: The corporation:		
2. The principal	office address: STREET SOUTHHOPKINS MN 55343		
3. The mailing a	ddress (if different):		
4. Date of incorp	porution/qualification: 12/20/2005 Document number. F05	000007368	
	street address of the current registered agent and registered office on fi tment of State: (If resigned, enter resigned)	ile with the	
	CORPORATION SERVICE COMPANY	zs.	_
	1201 HAYS STREET TALLAHASSEE/FL/32301-2525	TECKE	g ⊋F
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registere  C T Corporation System	ARY OF STA SSEE, FLOR	2
	c/o C T Corporation System, 1200 South Pine Island Read		?
	(P.O. Box NOT socceptable)		
	Plantation, Florida 33324		
	ss of its registered office and the street address of the business office be identical.		
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or the board, or the corporation has been notified in writing of the change	by an officer so e.	
Acca	Stacia Taylor, Vi	ice President	
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity of comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as reging filed merely to reflect a change in the registered office address, I been notified in writing of this change.  C.T. Corporation System Appan (4) WATE	o and this)  y, d complete performanc, istered agent. Or, if thi, hereby confirm that the	2
By: 1/4/	C.T. Corporation System Megan G. Ware  12/11/20  (Date)	008	
(Signing on bel			
	yped 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)

FL006 - 10/06/2008 C T Bysam Coltae