## F07000005359

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AUG 1 4 2009

**EXAMINER** 



COMPORATION SERVICE COMPANY. ACCOUNT NO. : 12000000195

REFERENCE :

091339

AUTHORIZATION

COST LIMIT :

ORDER DATE: August 10, 2009

ORDER TIME : 9:05 AM

ORDER NO. : 091339-004

CUSTOMER NO: 7715846

## CHANGE OF AGENT

NAME:

IOWA AMERICAN ENTERPRISE SERVICES COMPANY INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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

		02, 607.1508, or 617.1508, Florida Statutes, mized under the laws of the State of <u>Iowa</u>	this
		tered agent, or both, in the State of Florida.	
1. The name of	the corporation: IOWA AMERICAN	I ENTERPRISE SERVICES COMPAN	Y INC
	l office address: 601 Sixth Ave.		
	on 14 50300		
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 10/26/2007	Document number: F07 <del>000</del> 00000	5359
	nd street address of the current registered artment of State:	agent and registered office on file with the	لمدن ماسير مام المسلم
	CT Corporation System		1 60 1015
	1200 S Pine Island Rd.		16 18 18 18 18 18 18 18 18 18 18 18 18 18
	Plantation FL 33324		
6. The name an (if changed):	nd street address of the new registered ag	ent (if changed) and /or registered office	OS AUG 14 AM 11: 00
	Corporation Service Company		• • • • • • • • • • • • • • • • • • • •
	1201 Hays Street		
	(P.O. Box NOT acceptab	le)	
	Tallahassee, FL 32301		
The street addr as changed wil	ress of its registered office and the stree ll be identical.	et address of the business office of its regist	ered agent,
Such change wauthorized by	vas authorized by resolution duly adopt the board, or the corporation has been i	ed by its board of directors or by an officer notified in writing of the change.	SO
_ Y/-Ja	urealul	Maureen Cullen, Attorney in F	act
of my auties, a document is be corporation ho	ma I am jamiitar with and accept the ole eing filed merely to reflect a change in as been notified in writing of this chang	ind agree to act in this capacity. atutes relative to the proper and complete p bligation of my position as registered agent the registered office address, I hereby confi te.	performance Or, if this irm that the
By: Syl	ation Service Company	8/11/09	
0(8	Signature of Registered Agent)	(Date)	
If signing on b	pehalf of an entity:		
	t, Assistant Vice President		
	(Typed or Printed Name)	FEE: \$35.00 * * *	
	LTTIAC 1	こまきょ ゆきさ・せい	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)