F08000003154

(Re	questor's Name)				
(Address)					
(Ad	dress)	·			
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500166331795

01/21/10--01018--009 **35.00

2010 JAN 21 PH 1: 05
SECRETARY OF STATE
ALLAHASSEE, FI ORIO

R.A.

TH

JAN 25 2010

COVER LETTER

Amendment Section Division of Corporations

TO:

SVENDER IDMONAS DEVELOPMENT LIMITED INC						
SUBJECT: IDMONAS DEVELOPMENT LIMITED, INC. Name of Corporation						
DOCUMENT NU	MBER:F08000003154					
The enclosed States	ment of Change of Registered Of	ffice/Agent and fee are submi	tted for filing.			
Please return all con	rrespondence concerning this ma	atter to the following:				
	CRAIG JAFFA					
-	Name of Contact Person					
CRAIG JAFFA PA						
	Firm/Company					
	2717 NE 21ST COURT					
	F	Address				
	FORT LAUDERDALE, FL 33305					
	City/Stat	e and Zip Code				
	craigiaffa	@yahoo.com				
<u></u>	E-mail address: (to be used for	or future annual report noti	fication)			
For further informa	tion concerning this matter, plea	se call:				
	CRAIG JAFFA	at (954)	806 - 5432			
Nan	ne of Contact Person	Area Code & Dayt	806 - 5432 ime Telephone Number			
Enclosed is a \$35.0	0 check made payable to the De	partment of State.				
	Mailing Address: Amendment Section	Street Address				
		Amendment S Division of Co				
	Division of Corporations P.O. Box 6327	Clifton Buildi	•			
	Tallahassee, FL 32314		ve Center Circle			
	A DESCRIPTION OF THE PROPERTY	Tallahassee, F				

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

statement of change is s	ubmitted for a corp	ooration organized	07.1508, or 617.1508, Flo I under the laws of the Sta I agent, or both, in the Stat	te of	
1. The name of the corp	oration: IDMON	IAS DEVELO	PMENT LIMITED), INC.	
2. The principal office a	ddress: 2717 NE	21ST COURT	, FORT LAUDERDA	LE, FL 33305	
3. The mailing address (if different):				
4. Date of incorporation	/qualification:	07/17/2008	_ Document number:	F08000003154	
5. The name and street a Florida Department o			t and registered office on t	ile with the	
GY C	ORPORATE S	ERVICES, INC	.	····	
2 S B	2 S BISCAYNE BLVD SUITE 3400				
MIAN	/II, FLORIDA 3	3131 USA		2010 TALI	
6. The name and street a (if changed):	iddress of the new	registered agent (i	f changed) and /or register	DAN 21 LAN 21 LAN 21	
CRAI	IG JAFFA			EF.F. PR	
2717	NE 21ST COL			STATI LORI	
FOR ⁻	T LAUDERDAL	P.O. Box NOT acc E, FL 33305	eptable	Om v	
The street address of its as changed will be ider	s registered office	and the street add	lress of the business offic	e of its registered agent,	
Such change was authorized by the board	prized by resolution	on duly adopted by on has been notifi	tits board of directors or ed in writing of the chang	by an officer so ge.	
Signature of an of	Ticer or director		CRAIG C		
I hereby accept the app I further agree to comp of my duties, and I am document is being filed corporation has been n	pointment as regis oly with the provis familiar with and I merely to reflect notified in writing	tered agent and a ions of all statutes accept the obliga a change in the re of this change.	gree to act in this capaci s relative to the proper a tion of my position as reg egistered office address, a	ty. nd complete performance zistered agent. Or, if this I hereby confirm that the	
Signature of	A Registered Argent		1.15.	10	
If signing on behalf of			- Juli		
	G JAFFA rinted Name				

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