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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023

; (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Ema11	Address:	•	•	
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## REGISTERED AGENT CHANGE IIAA AGENCY ADMINISTRATIVE SERVICES, INC.

Certificate of Status	0
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Page Count	03
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10/18/2012

CT CORPORATION

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## **COVER LETTER**

TO:	FO: Amendment Section Division of Corporations						
STIRT	IIAA Agency Administrative Services, Inc.  Name of Corporation						
<b></b>	Name of Corporation						
	F11000000494  JMENT NUMBER:						
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:						
	Name of Contact Person						
	Hamie of Collinal Lorson						
	Firm/Company						
	Address						
	City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter, please call:						
	, and the second se						
	Name of Contact Person at ( ) Area Code & Daytime Telephone Number						
Enclose	ed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Street Address: Amendment Section Amendment Section						
	Division of Corporations Division of Corporations						
	P.O. Box 6327 Clifton Building						
	Tallahassee, FL 32314 2661 Executive Center Circle						
	Tallahassee, FL 32301						
	·						

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CR2E045 (03/12)

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

statement of cl	hange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of VA or registered agent, or both, in the State of Florida.			
	of the corporation: IIAA Agency Adr				
	al office address: 127 S. PEYTON S				
3. The mailing	; address (if different):				
4. Date of inco	orporation/qualification: 02/03/201	Document number: F11000000494			
	nd street address of the current regi artment of State: (If resigned, enter	istered agent and registered office on file with the resigned)			
	CORPORATION SERVICE COM	IPANY			
	1201 HAYS STREET				
	TALLAHASSEE FL 32301-2525	200			
6. The name ar (if changed):		ared agent (if changed) and /or registered office			
•	C T Corporation System				
	c/o C T Corporation System, 1200 South Pine Island Road Plantation,				
	P.O.	Box NOT acceptable			
	Florida 33324				
The street addr as changed wil	ress of its registered office and the	e street address of the business office of its registered agent,			
Such change wanthprized by t	vas authorized by resolution duly a	adopted by its board of directors or by an officer so seen notified in writing of the change.			
-FM	1XE HAIN	Kristin Bolden, Secretary			
r L	lule of un officer of a foreign	Printed or typed name and title			
agent. Or, if th hereby confirm	his document is being filed merely n that the corporation has been no	gent and agree to act in this capacity, all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I otified in writing of this change			
By:	Corporation System	10/18/2012			
/ Si	gnature of Registered Agont	Dute			
	shalf of an emily:				
	tant Secretary Typed or Printed Name	-			
•	-33-1				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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