

F13000001220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

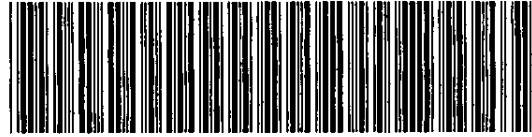
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800249818238

09/23/13--01014--015 **35.00

FILED
18 SEP 23 PM 1:25

Fuller 10/1/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IPGX
Name of Corporation

DOCUMENT 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:

Michael Muthig

Name of Contact Person

IPGX

Firm/Company

9521 122nd Way

Address

Seminole/Florida 33772

City/State and Zip Code

mgmuthig@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Muthig

Name of Contact Person

at (803) 414-2905

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of South Carolina in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: IPGX
2. The principal office address: 4310 Amsterdam Street, North Charleston, SC 29418

3. The mailing address (if different): 9521 122nd Way, Seminole, FL 33772

4. Date of incorporation/qualification: 7/23/1996 Document number: _____

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michael Muthig
400 N ASHLEY DR SUITE 200
TAMPA, FL 33602


6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael Muthig
9521 122nd Way
Seminole, FL 33772

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Michael Muthig, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

9/17/2013
Date

If signing on behalf of an entity:

Typed or Printed Name

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