F9800000 2735

(Requestor's Name)				
(Address)				
	dress)			
(Ac	idiess)			
(Cit	ty/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL		
	siness Entity Name)			
(Du	isiness Entity Name)	•		
(Document Number)				
Certified Copies	Certificates of	f Status		
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Special Instructions to	Filing Officer:	AMMANANA AMANANA AMANA		
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Office Use Only



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10/17/06--01023--025 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJE	ECT: International Planning Group, Inc. (Name of Corporation)			
DOCU	UMENT NUMBER: F9800002735				
The end	nclosed Statement of Change of Registered Office/Agent an	d fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Sal Capizzi (Name of Contact Perso	n)			
International Planning Group, Inc. (Firm/Company)					
	62 Walnut Street (Address)				
Wellesley, MA 02481 (City/State and Zip Code)					
For furt	rther information concerning this matter, please call:				
Sal Ca	apizzi at (508 (Name of Contact Person) (Are	237-5900 ea Code & Daytime Telephone Number)			
Enclose	sed is a \$35.00 check made payable to the Department of St	ate.			
	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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi er to change its registered office or registe	ized under the laws of the State of Me	ssachusetts
1. The name of	the corporation: International Planning Gr	roup, inc.	
	office address: 62 Walnut Street, Wellesi		
3. The mailing a	nddress (if different): 62 Walnut Street, W	Vellesley, MA 02481	
4. Date of incorp	poration/qualification: 12/22/92	Document number: F9800000	2735
	I street address of the current registered agreement of State:	gent and registered office on file with t	he
	Karina Cuba		
	4000 Ponce de Leon Blvd, Suite	e #430	O O O
	Coral Gables, FL 33146 USA		HASS
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Mary Oliva Maria (JINA	27 27
	4000 Ponce de Leon Blvd, Suite		P
	(P.O. Box NOT acceptable)		
	Coral Gables, FL 33146 USA		
as changed will			
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an of tified in writing of the change.	ficer so
Min	Tenel	Steven Land, Treas	urer
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect of change in the speed notified in writing of this change. gnature of Registered Agent) thalf of an entity:	d garee to get in this canacity	
T)	Typed or Printed Name)		

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