J57017

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Prione #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(,,,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to 1 ming Officer.				
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COVER LETTER

TO:

TO:	Amendment Section Division of Corporations	
SUBJEC Name of	CT: International Planning, Inc. Corporation	
DOCUN	MENT NUMBER: 157017	
The encl	osed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please re	eturn all correspondence concerning this	matter to the following:
Kim Rad	eliffe	
Name of	Contact Person	
Radcliffe	Law, PA	
Firm/Co	mpany	
55 E. Pin	ne Street	
Address		
Orlando.	FL 32801	
City/Sta	te and Zip Code	
	takako@ipitranslation.com	
E-mail	address: (to be used for future annua	l report notification)
For furth	her information concerning this matter. p	please call:
Kim Rad		at (407)234-3884 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclose	d is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations	Division of Corporations The Centre of Tallahassee
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

	provisions of sections 607,0502, 617,0502, 607,1808, or 617,1508, Florida Statutes, i Sange is submitted for a corporation organized under the laws of the State of Florida	dus	
	ler to change its registered office or registered agent, or both, in the State of Florida.		
	The corporation: International Planning, Inc.		<u>-</u>
2. The principal	al office address: 9212 Edgewater Drive, Clermont, FL 34711		
3 219 111	address (if different); same as principal address		
The maining a Date of incorr	orporation/qualification: 02 16/1987 Document number: 157017		
5. The name and	artment of State: (If resigned, enter resigned)		
•	Hendry, Stoner & Brown, PA		
	604 Courtland Street, State 326	20	
	Orlando, Fl. 32804	22 JI	
6. The name and (if changed):	Orlando, FL 32804 A Figure and street address of the new registered agent (if changed) and or registered of ing Figure 2 Radeliffe Law, PA	2022 JUN 27 PM 3:	
	Radeliffe Law, PA	⊐ž ယ	Ċ
	55 E. Pine Street 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	: 29	
	P.O. Box. NOT acceptable		
	Orlando, FL 32801		
The street address changed will	ress of its registered office and the street address of the business office of its registe If be identical	red ag	ent.
Such change wa authorized by the	was authorized by resolution duly adopted by its board of directors or by an officer s the board, or the corporation has been notified in writing of the change.	.()	
Taleal	Inkako I, Johnson PRES/DENT/D	(REC	Tak
A further agrée of my duties, an document is bei	of the appointment as registered agent and agree to act in this capacity, is to comply with the provisions of all statutes relative to the proper and complete perind Lam familiar with and accept the obligation of my position as registered agent, wing filed merely to reflect a change in the registered office address, I hereby confir as been notified in writing of this change.	rjorma Or, ij m that	mee this the
Kim Rad	Jeli Ja for Rodeliffe Law, PA May 10, 2022 Onte Oate	 -	
If signing on bo	behalf of an entity:		
	PA by Kim Radeliffe, President Typed or Printed Name		
	* * * FILING FEE: \$35,00 * * *		

Make CHECKS PAYABLE TO FLORIDA DI PARTMENT OF STATE
MAIE TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314
CR2E045 (B4-13)