

W02000005377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

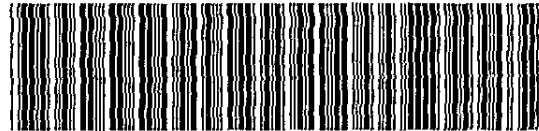
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100029481631

03/01/04--01064--005 **35.00

04 APR 16 PM 3:13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

W02-5377
al



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 11, 2004

GERARDO BASSETT
11050 SW 169 TERRACE
MIAMI, FL 33157

SUBJECT: IDAGEN LLC
Ref. Number: L02000005377

We have received your document for IDAGEN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 504A00016295

FILED
SECRETARY OF STATE
CORPORATIONS
04 APR 16 PM 3:13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Idagen LLC
(Name of corporation)

DOCUMENT NUMBER: L02000005377

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:

GERARDO BASSETT
(Name of person)

IDAGEN LLC
(Name of firm/company)

11050 SW 169 TERRACE
(Address)

MIAMI, FL 33157
(City/state and zip code)

For further information concerning this matter, please call:

GERARDO BASSETT at 786, 547-9574
(Name of person) (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
409 E. Gaines Street
Tallahassee, FL 32399

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 16 PM 3:13

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Idagen LLC
2. The mailing address of the limited liability company is: 11050 SW 169 Terrace

3/6/2002

3. Date of filing/registration in Florida

L02000005377

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

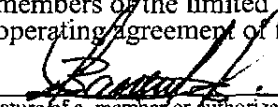
GERARDO BASSETT
Name
11050 SW 169 Terrace
Address
MIAMI FLORIDA 33157
City, State and Zip

6. The name and address of the new registered agent and/or office:

MARINA FUSCO
Name
8051 NW 36 STREET #611
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33166
City, State and Zip

FILED
SECRETARY OF STATE
CORPORATIONS
04 APR 16 PM 3:13

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Gerardo Bassett
(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314