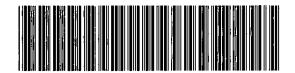


02000 020384

(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



000210822840

08/15/11--01010--001 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: IB SERVIC	ES GROUP LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
RAJ K HEMNANI		
Name of Person		
IB SERVICES GROUP LLC		
Firm/Company		
251 ISLAND DRIVE		
KEY BISCAYNE, FL 33149		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
RAJ K HEMNANI at (305) 361-1503	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

Name of the limited liability company:	IB SERVICES GROUP LLC
2. (a) Principal office address of limited liability con	mpany: 251 ISLAND DR
(Note: MUST BE STREET ADDRESS)	KEY BISCAYNE, FL 33149
(b) Mailing address of limited liability company:	251 ISLAND DR
(Note: MAY BE POST OFFICE BOX)	KEY BISCAYNE, FL 33149
08/09/2002	L02000020384
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	RAJ KODUMAL HEMNANI
Registered Office Address:	251 ISLAND DR
	KEY BISCAYNE, FL 33149
(b) Enter name of NEW Registered Agent and/or	r NEW Registered Office address:
NEW Registered Agent:	RAJ K HEMNANI
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2665 SOUTH BAYSHORE DRIVE SUITE 703
	MIAMI ,FL33133
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability considerable. Signature of a member of authorized representative of a member	the Florida street address of the registered office identical. Or, in the case of a Florida limited enge(s) was/were authorized by an affirmative voter otherwise provided in the articles of organization of the provided in
Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the Chapter 608, FIS. Or, if this document is being filed address, I hereby confirm that the limited liability consignature of Registered Agent	