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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 NOV 28 DN 19-16



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Innovative Business Alliance, (Name of Limited	LLC Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Fausto E. Batista	,	
(Name of Person)		
Innovative Business Alliance, LLC (Firm/Company)	SECRETARY JIVISION OF CI 2006 NOV 28	
15115 Spinnaker Cove Lane	C) -	
(Address)	PH 12: 46	
Winter Garden, FL 34787 (City/State and Zip Code)		
For further information concerning this matter, plea	ase call:	
Fausto E. Batista at (4	107 ₎ 924-8779	
(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 amo	ount:	
✓ \$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.

9	<u> </u>	· '4		
1. The name of the limite	ed liability company is	: Innovative Business Alliance, LLC		·
2. The mailing address o	f the limited liability of	ompany is : 151115 Spinnaker C	ove Lane	
Winter Garden, FL 347	87			
February 8, 2005		L05000012764		
		4. Document number	er	
5. The name of the register Florida Department of	ered agent and the regi	istered office address as shown on	the records of the	he
-	Edwin Alvarez			
		Name		
9329 Green Dragon Street				c"3
Address			2006	ISIAIG J3S
	Orlando, FL 3282	y, State and Zip	2006 NOV 28	SCR
C Th	-	•)V 2	\$\frac{1}{2}\frac{1}{2}
6. The name and address	of the new registered	agent and/or office:		
	Fausto E. Batista		PH 12: 40	CORPOR
		Name	స్ట	RAT
	15115 Spinnaker		£	<u>₹</u> m
	Florida street addre	ss (P.O. Box NOT acceptable)	•	, ν,
	Winter Garden	FL 34787		
	City,	State and Zip		
confirmed that after the c and the business office of liability company, it is he	hange or changes are to the registered agent wereby confirmed that the nited liability companit of the limited liability.		the registered c a Florida limite by an affirmativ	office ed e vote
Fausto E. Batista (Printed or typed name of signee)	 		
	intment as registered as of all statules relation accept the obligation this document is being that the limited liabil	agent and agree to act in this capa ve to the proper and complete perf ons of my position as registered ac filed to merely reflect a change in lity company has been notified in w	icity. I further of my formance of my formation of my formation of the contract of the contrac	igree to duties, for in office iange.
(Signature of Registered Agent)				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00