

LO5000020229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

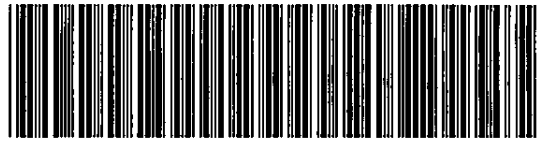
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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LO5-20229
OK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2007

JANICE SHIPBAUGH
9235 NORTH HOLLAND ROAD
PANAMA CITY, FL 32409

SUBJECT: INTELLIGENT CHOICE ASSESSMENT, LLC
Ref. Number: L05000020229

We have received your document for INTELLIGENT CHOICE ASSESSMENT, 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: 807A00011674

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*Hi Tammi,
I phoned on Friday (2/23/07) and spoke with Marsha
since you were out of the office. I believe she
walked me through the corrections quite well but
if I need to further correct these documents, please let
me know. The filing fee is \$25 for these documents—
will you please return the \$10 difference since I sent*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intelligent Choice Assessment, 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:

Janice Shipbaugh
(Name of Person)

Intelligent Choice Assessment, LLC
(Firm/Company)

9235 N. Holland Rd.
(Address)

Panama City FL 32409
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Janice Shipbaugh at (850) 866-8378
(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

*\$35 sent previously
refund requested*
INHS18 (8/05)

**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: Intelligent Choice Assessment, LLC
2. The mailing address of the limited liability company is: 9235 North Holland Rd.
Panama City, FL 32409

- 2/28/05
3. Date of filing/registration in Florida
L05000020229
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:

Corporation Service Company, Deborah D. Skipper
Name
1201 Hays Street
Address
Tallahassee, FL 32301
City, State and Zip

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TALLAHASSEE, FLORIDA

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

Janice Shipbaugh
Name
9235 N. Holland Rd.
Florida street address (P.O. Box NOT acceptable)
Panama City, FL 32409
City, State and Zip

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

Janice Shipbaugh
(Printed or typed name of signee)

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]
(Signature of Registered Agent)

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