

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000115700

Entity Name: IPBX, LLC

**FILED**  
**Nov 20, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

9751 NW 46 TERR.  
MIAMI, FL 33178

**New Principal Place of Business:**

12060 SW 129 CT  
SUITE 104  
MIAMI, FL 33186

**Current Mailing Address:**

9751 NW 46 TERR.  
MIAMI, FL 33178

**New Mailing Address:**

12060 SW 129 CT  
SUITE 104  
MIAMI, FL 33186

FEI Number: 20-4964551      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MOIO, FERNANDO A  
9751 NW 46 TERR.  
MIAMI, FL 33178      US

**Name and Address of New Registered Agent:**

MOIO, FERNANDO A  
12060 SW 129 CT  
SUITE 104  
MIAMI, FL 33186      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FERNANDO MOIO

11/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MOIO, FERNANDO  
Address: 9751 NW 46 TERR  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: MOIO, FERNANDO  
Address: 12060 SW 129 CT  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FERNANDO MOIO

PR

11/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date