## L07000031296

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
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DIVISION OF CURPORATIONS ON MAR 10 AM 10: 55

J. BRYAN

MAR 1 1 2008

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	GROUP, LLC  of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Cong Nguyen	
(Name of Person)	······································
Idego Property Group LLC	SECRE DIVISION
(Firm/Company)	_ MFT
1851 Hillpointe Road #422	O CORPO AM POP
(Address)	AM 10: 55
Handaraan NV 90	<del>U</del> ,
Henderson, NV 89 (City/State and Zip Code)	9074
For further information concerning this ma	atter, please call:
Cong	at (408 ) 621-1415
(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 follow	ving amount:
<b>✓</b> \$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.

agent, or both, in the State of Ftortaa.	
1. The name of the limited liability company is: IDEGO PROPERTY GROUP, LLC	·
2. The mailing address of the limited liability company is:	
IDEGO PROPERTY GROUP, LLC 1851 HILLPointe Road #422, He	nderson NV.890
03/23/2007 L07000031296	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the re Florida Department of State:	ecords of the
NRAI SERVICES, INC.	
Name  2731 EXECUTIVE PARK DRIVE SUITE 4  Address	
WESTON FL 33331	8 SIVIE
City, State and Zip	SECRET SECRET
6. The name and address of the new registered agent and/or office:	TARE CREE
Incorp Services, Inc.	~~m
Name	OR ASTA
17888 67th Court North	OF STATE OF STATE PROPORATIONS
Florida street address (P.O. Box NOT acceptable)	-
Loxahatchee, FL 3470	
City, State and Zip.	
If the limited liability company is not organized under the laws of the State of Florida, confirmed that after the change or changes are made, the Florida street address of the reand the business office of the registered agent will be identical. Or, in the case of a Florida street address of the real liability company, it is hereby confirmed that the change(s) was/were authorized by an of the members of the limited liability company or as otherwise provided in the article or the operating agreement of the limited liability company.	egistered office orida limited affirmative vote
(Signature of a member or authorized representative of a member)	
Cong Nguyen	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performa and I am familiar with and accept the obligations of my position as registered agent as Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the raddress. I hereby confirm that the limited liability company has been notified in writing	I further agree to nee of my duties, provided for in registered office g of this change.
(Signature of Registered Agent)	_ ^
Division of Comparations 40 O. Poy 6227 Tallahassaa FI 32314	المناهدة الم

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

INHS18 (8/05)