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DEC 16 2008

EXAMINER

COVER LETTER

	COVEREETTER	
TO: Registration Section Division of Corporations		
SUBJECT: IBT HOLDINGS, LLC		_ #-
	f Limited Liability Company)	- -
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
FRANK SMITH		
(Name of Person)		0
INFANTE, ZUMPANO HUDSON & MILOCH (Firm/Company)		08 DEC 15
500 S. DIXIE HIGHWAY, SUITE 302 (Address)		A OF STA
		最后
CORAL GABLES, FL 33146 (City/State and Zip Code)		
For further information concerning this matte	r, please call:	
FRANK SMITH, ESQ.	at (786) 345-2120	
(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	g 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.

•	
1. Name of the limited liability company: <u>IBT HOLD</u>	INGS, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: C/O INFANTE, ZUMPANO, HUDSON & MILOCH, LLA 500 S. DIXIE HIGHWAY, SUITE 302 CORAL GABLES, FL 33146
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	C/O INFANTE, ZUMPANO, HUDSON & MILOCH, LLO 500 S. DIXIE HIGHWAY, SUITE 302 CORAL GABLES, FL 33146
12/11/2007	L07000123087
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	•
Registered Agent:	GLENN ROBINSON 8
Registered Office Address:	GLENN ROBINSON 5878 NW 125TH AVE. CORAL SPRINGS, FL 33076
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address: C/O INFANTE, ZUMPANO, HUDSON & MILOCOLUMN
<u>NEW</u> Registered Agent:	C/O INFANTE, ZUMPANO, HUDSON & MILOSTALLC
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	500 S. DIXIE HIGHWAY, SUITE 302 CORAL GABLES, FL 33146 ,FL
If the limited liability company is not organized under the that after the change or changes are made, the Florida streoffice of the registered agent will be identical. Or, in the hereby company or as otherwise provided in the articles limited liability company.	cet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member)	
GLENN ROBINSON, PRESIDE (Printed or typed name of signee)	NT
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notific (Signature of Jegistered Agent)	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I nay registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change.

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