## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000199173 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC REGISTERED AGENT CHANGE INTERNATIONAL REBATES LLC

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0
03
\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	INTERNATIONAL REBATES LLC	3				
	Nam	e of Limited	Liability Company			
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Offi	ice Change as	nd fec(s) are submitted for filing.			
Please	return all correspondence concerning thi	is matter to th	ne following:			
Rusty T	rout					
	Name of Person		<del></del>			
Taylor i	English Duma LLP					
	Firm/Company	·····	<del></del>			
160 <b>0</b> Pa	ırkwood Cir SE Ste 400					
	Address		<del></del>			
Atlanta,	, GA 30339-2119					
	City/State and Zip Code					
jmartine	ez@grandincentives.com					
E.	mail address: (to be used for future ann	ual report no	tification)			
For furt	ther information concerning this matter,	please call:				
Rusty T	rout	678 al (	336-7290			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	ı	MAILING ADDRESS:			
	Registration Section	Registration Section				
	Division of Corporations	1	Division of Corporations			
	Clifton Building	D. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	•	Tallahassee, Florida 32314			
	Enclosed is a check for the following					
	□ \$25 Filing Fee	а	\$55 Filing Fee & Certified Copy			
INHS18	3 (2/14)					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Nε	une of the limited liability company: INTERNATION	AL REB	AT	ES LLC					
2.	(a)		ſ	b) _						
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del> \'	· ,	1	Aailing ad (Note: A	dress of li	mited liabilit	compa	ny:
		11219 MARIGOLD DR		ļ	PO BOX I	20				
		BRADENTON, FL 34202	<u> </u>	-	TALLEVA	ST, FL 3	4270			
		02/12/2008		L	080000155	26				
3.		Date of filing/registration in Florida	4.	_		Docume	ent numb	er		
5.	(a)	MARTINEZ, GRACE								
J.	(a)	Registered Agent and Registered Office shown on the records of t	he Florid	ia D	Ocpt. of State	<b>X</b>				
		Registered Office Address (MUST BE FLORIDA STREET A 7560 COMMERCE COURT	DDRES.	হ্রা		•		SECRE	15 AUG	7
		SARASOTA , FL	34243					AHASSEE, F	~	3
	(b)	C T Corporation System							8 AM 7: 35	
	<b>\-</b> /	Enter name of NEW Registered Agent and/or NEW Registered	Office as	ddr	<u>e44</u> :	•		OF STALE	7:35	
		NEW Registered Office Address:								
		(200 South Pine Island Road			<u>.</u> —					
		Plantation , FL	33324							
the age	cha ent w s/we arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of gles of organization or the operating agreement of the	the regionality of the limited	iste on nite	ered office spany, it is ed liability	and the hereby compar	busines	s office of ed that the	the reg	istered
_	$\exists$	au pry a Branch	_ {	<u> </u>	LWAF	NICE	R 1	ાહિમ	_ د	<u>, 000</u>
	. Brien	rate or a memory of various contesting As Di & the water					••	une of signee		
710		by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, [1] in writing of this change.  Michael Journal of this change.  Assistant	ines		n this capt ace of my tapter 603 aftrm that	acity. I j duties, a , F.S. O the limit	further a nd I am r, if this ed liabil	igree to co Jamiliar w document ity compai	mply w ith and is bein iy has l	ith the accept g filed seen
		re of Registered Agent		- 1						