

L190000622556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

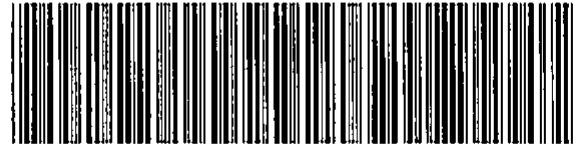
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IGD USA, 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:

Cheryl D'Aleia
Name of Person

Rm 5
Firm/Company

4700 9th Ave N
Address

St Petersburg FL 33713
City/State and Zip/Code

Cheryl@RMSRENTS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl D'Aleia at (727) 233-4853
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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compa. submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

2. (a) 4700 9 AVE N ST PETERSBURG FL(b)

(Note: MAY BE POST OFFICE BOX)

4. Document number

Bradenton FL 34205

Enter name of **NEW** Registered Agent and/or **NEW** Registered Office address:

4700 9 AVE N
NEW Registered Office Address:
St Petersburg FL 33713

NEW Registered Office Address:

_____ FL _____

Printed or typed name of signee

Signature of Registered Agent

INHS18 (2/14)