

1/0 9000008754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300214567333

11/30/11--01016--021 **35.00

FILED
2011 NOV 30 AM 11:47
SECRETARY OF STATE
TULSA, OKLAHOMA

PA
Cmg
12/1/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCHS IB Partnership, Inc.
Name of Corporation

DOCUMENT NUMBER: N09000008754

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bobbi Camp
Name of Contact Person

SCHS IB Partnership, Inc.
Firm/Company

4691 Gallagher Road
Address

Dover, FL 33527
City/State and Zip Code

SCHS.IBPartner@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bobbi Camp at (813) 431-1494
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SCHS IB Partnership, Inc.
2. The principal office address: 4691 Gallagher Road
Dover, FL 33527
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Sept., 2009 Document number: N09000008754
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cindy Flowers c/o SCHS IB Partnership, Inc.
4691 Gallagher Road
Dover, FL 33527


6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Bobbi Camp c/o SCHS IB Partnership, Inc.
4691 Gallagher Road
Dover, FL 33527
P.O. Box NOT acceptable

FILED
2011 NOV 30 AM 11:47
TALLAHASSEE, FL 32310
SECRETARY OF STATE


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Melissa Gonzales
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

11/28/2011
Date

If signing on behalf of an entity:

Bobbi Camp
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *