N15000005863

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COVER LETTER

TO: Amendment Section **Division of Corporations** INTERACTIVE COMMUNITY ALLIANCE, INC. Name of Corporation N15000005863 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: MANNY RODRIGUEZ Name of Contact Person INTERACTIVE COMMUNITY ALLIANCE, INC. Firm/Company 7125 LAKE ISLAND DRIVE Address LAKE WORTH, FL 33467 City/State and Zip Code MANNY.ROD.H@GMAIL.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANNY RODRIGUEZ

.561 \704-582

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

	-	.0302, 607.1308, or 617.1308, Florida Statutes, this rganized under the laws of the State of FLORIDA
		gistered agent, or both, in the State of Florida.
1 The name of	the corneration. INTERACTIVE	COMMUNITY ALLIANCE, INC.
2. The principal	office address: 3210 JOHNS P	PLACE, PALM SPRINGS, FLORIDA 33461
3. The mailing	address (if different): PO BOX 64	174, LAKE WORTH, FL 33466
4. Date of incor	poration/qualification: 06/05/201	5 Document number: N15000005863
5. The name an		red agent and registered office on file with the
	MARTHA PARDO	TAS TO THE TABLE THE TABLE TO T
	2393 SOUTH CONGRES	SS AVE
	WEST PALM BEACH, FL	_ 33406
6. The name and (if changed):	d street address of the new registered	SS AVE 33406 agent (if changed) and /or registered office
	MARTHA PARDO	27
	3210 JOHNS PLACE	
	P.O. Box PALM SPRINGS, FLORII	NOT acceptable DA 33461
771		· · · · · · · · · · · · · · · · · · ·
ine street addr as changed will	ess of its registered office and the str l be identical.	reet address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly adop he board, or the corporation has been	pted by its board of directors or by an officer so i notified in writing of the change.
Signon	are of an officer or director	MANUEL RODRIGUEZ /MES.
~		Printed or typed name and title t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I ed in writing of this change.
How the	M. Pa-lp. gnature of Registered Agent	10/14/2015
		Date
If signing on be	chalf of an entity:	
	COMMUNITY ALLIANCE. INC.	
Т	yped or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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