

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number



: (850)878-5368





REGISTERED AGENT CHANGE

IDEA INTEGRATION CORP.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

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

| statement of chan | ge is submitted for a corporation orga | 02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida | الا |
|--|---|---|----------------------------|
| | _ | tered agent, or both, in the State of Florida. | |
| | e corporation: Idea Integration Corp. | | |
| 2. The principal o | ffice address: I Independent Dr. 8th Flo | or, Jacksonville FL 32202 | |
| | | | , |
| 3. The mailing add | dress (if different): | | <u></u> |
| 4. Date of incorpo | ration/qualification: 2/18/2000 | Document number: P00000017570 | 9 4 |
| | treet address of the current registered a nent of State: (If resigned, enter resign | ngent and registered office on file with the ed) | 8 |
| C | Corporation Service Company | | 17 |
| 1 | 201 Hays St. | | |
| т | 'allahassee FL 32301 | | ćρ |
| 6. The name and s (if changed): | treet address of the new registered age. C T Corporati | nt (if changed) and /or registered office | 57 |
| | c/o C T Corporation System, 1 | 200 South Pine Island Road | |
| | (P.O. Box NOT acceptable | | |
| _ | Plantation, Flo | orida 33324 | |
| The street address as changed will be | of its registered office and the street | address of the business office of its registered a | ıyent, |
| Such change was authorized by the | authorized by resolution duly adopte board, or the corporation has been no | d by its board of directors or by an officer so triffed in writing of the change. | |
| Melon | Mando Lo | Melvin Maldonado, Attorney in Fact (Printed or typed name and title) | * |
| colbination mas of | e appointment as registered agent an comply with the provisions of all stat I am familiar with and accept the obl filed merely to reflect a change in th een notified in writing of this change T Corporation System | d agree to act in this capacity. uses relative to the proper and complete perfori igation of my position as registered agent. Or, e registered office address, I hereby confirm th | nance if this at the |
| By: Volume | helder | 12-4-2008 | |
| (ougha If signing on beha | of an entity: | . (Daw) | |
| | na Cuddihy | • | |
| Special Ass | stant Secretary | E: \$35.00 * * * | |
| | MAKE CHECKS PAYABLE TO PLO | | |
| Mail CR2E045 (8/05) | | O. BOX 6327, TALLAHASSEE, FL 32314 | |

FL096 - 10/06/2008 C 7 System Calife