

P0000000 40458

Registered Name
111 2ND AVE NE
913
ST. PETERSBURG
FL 33701 #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input checked="" type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

300004139123--3
-05/07/01--01066--019
*****35.00 *****35.00

FILED
01 MAY -3 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEWIS MAY 7 2001

| | |
|---------------------|--|
| Examiner's Initials | |
|---------------------|--|



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 19, 2001

IV FACTORY, INC.
111 2ND AVE. NE
#913
ST. PETERSBURG, FL 33701

SUBJECT: IV FACTORY, INC.
Ref. Number: P00000040458

We have received your document for IV FACTORY, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 901A00023133

RECEIVED

01 MAY -4 AM 10:26

DIVISION OF CORPORATIONS

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : IV FACTORY, INC

2. The mailing address of the corporation : 111 2nd Ave N.E., Suite 913
St. Petersburg, FL 33701

3. Date of incorporation/qualification: 4/21/2000 Document number: P00000040458

4. The name and address of the current registered agent and office:

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

THOMAS HEIMANN
111 2nd AVENUE N.E., SUITE 913
ST. PETERSBURG, FL 33701

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

4/10/01
(Date)

THOMAS HEIMANN, PRESIDENT & CEO
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]
(Signature of Registered Agent)

4/10/01
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

FILED
01 MAY 23 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA