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SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: TBEX INC  Name of Corporation
DOCUMENT NUMBER: P0000066361Z
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:
Margaret Pas Name of Contact Person
IBEX INC
Firm/Company
P.O.Box 2786. Address
ORLANDO, FL 32802 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Margaret Pas . at (407) 422-8911  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  Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

## 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: IBEX INC.
2. The principal office address: 0108 E. Washington St.
Orlando. FL 32801
3. The mailing address (if different): P.O. Box 2786.
Orlando. FL 32802
4. Date of incorporation/qualification: 10/14/2004 Document number: P000000 63612.
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)
Corporation Service Company
Corporation Service Company 1201 Hays St. \\ \begin{array}{c} \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Tallahassee, FL 32301-2525 FF T
6. The name and street address of the new registered agent (if changed) and /or registered of the line (if changed):  Heather Henson
908. E. Washington St.  P.O. Box Notacceptable  Orlando. FL 32801
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.
Heather Henson President.  Signature of an officer Sydirector  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.
Medy 1194 5.27-10.
Signature of Registered Agent Date  If signing on behalf of an entity:
Heather Henson
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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