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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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## **COVER LETTER**

Division of Corporations		
SUBJECT: IAN WILLAM GRA HLD INCORPORATED (Name of Corporation)		
DOCUMENT NUMBER: POZOOO30671		
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:		
DANIELE NEWMAN (Name of Contact Person)		
(Name of Contact Person)		
110 BOOL COR 10 TO 10 The Old CO.		
UNBAN CORE INTERNATIONAL, SA		
(time company)		
468 E BOCA RATION RD		
(Address)		
BOCA RATION F 33432  (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
DANICIE HEWMAN  (Name of Contact Person)  at (561), 237-5187  (Area Code & Daytime Telephone Number)		
(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

TO:

Amendment Section

## '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 FLOVIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: IAN WIMIAM GRP HLD INCURPORTED
2. The principal office address: 468 E BOCA RATON RO
BOCA RATION FZ 33432
3. The mailing address (if different):
4. Date of incorporation/qualification: 3 20 02 Document number: PO 2000 03667
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ASHLEY SANYER ESQ
335T NW BOCA LATION BOUD
BOCA RATU FL 33432
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  DANIELE NEWMAN
DANIELE HENMAN ?
468 E BNARATON RD
BOLA RATION PO 33432 ST
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.
ABRON NEWMAN MEAN
I hereby accept the appointment as registered agent and agree to act in this capacity.  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 comporation has been notified in writing of this change.
(Signature of Registered Agent) 9/18/07
If signing on behalf of an entity:  Apren NEWMAN  (Typed of Philed Name) 0/13/6 UNBANCIAL DENSITY 16
(Tyrked of Printed Name) O/B/O MBANCIAL DEWINNIED , LE *** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)