

PO2000077845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

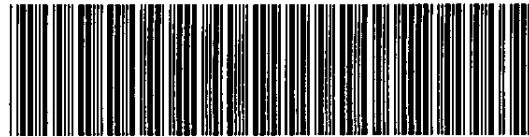
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900213508809

10/28/11--01002--014 **35.00

11 NOV 8 PM 4:57
U.S. 9 - NOV 11

PO
11/8/11
TC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IOV, INC.
Name of Corporation

DOCUMENT NUMBER: P02000077845

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:

IAN O. VILLASENOR
Name of Contact Person

IOV, INC.
Firm/Company

P.O. BOX 551572
Address

DAVIE, FL. 33325
City/State and Zip Code

PEICONS@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IAN O. VILLASENOR at (954) 650-2716
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2011

IAN O VILLASENOR
P.O. BOX 551572
DAVIE, FL 33325

SUBJECT: I O V INC
Ref. Number: P02000077845

We have received your document for I O V INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 711A00024645

RECEIVED
11 NOV -8 AM 11:20
TALLAHASSEE, FLORIDA

**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: IOV, Inc.
2. The principal office address: 920 S.W. 88 Avenue, Pembroke Pines, FL. 33025

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/15/02 Document number: P02000077845

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)

11351 N.W. 7 Street

Plantation, FL. 33325

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

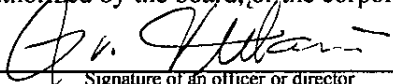
920 S.W. 88 Avenue

Pembroke Pines, FL. 33025

P.O. Box NOT acceptable


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.


Signature of an officer or director

Ian O. Villaseñor - Pres..
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.


Signature of Registered Agent

11/4/11
Date

If signing on behalf of an entity:

IAN O. VILLASEÑOR
Typed or Printed Name

*** 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)