P03000046004

(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



400201834934

Charge

04/20/11--01011--004 **35.00

FILEU MINDR 20 PH 4: 08 SECRETARY OF STATE SECRETARY OF STATE

182117 4/22/17

COVER LETTER

TO: Amendment Section Division of Corpora	tions	
SUBJECT:	Ideal ATM Corp	poration
	·	
DOCUMENT NUMBER:_	P0300	00046004
The enclosed Statement of C	Thange of Registered Office/A	Agent and fee are submitted for filing.
Please return all corresponde	ence concerning this matter to	the following:
	A.J. Fiz Name of Conta	ell
	Name of Conta	ct Person
W	Ideal ATM Co Firm/Com	
	,	,,,,,
	14520 60th St	reet North
	Addres	
	Clearwater, FL 3	33760-2711
,	City/State and 2	Zip Code
	admin@ldealA	TM com
E-mail a	address: (to be used for futu	re annual report notification)
	,	
For further information conc	erning this matter, please call	;
1 Δ	Fizell	. 727 \
Name of Con	tact Person	at (727) 532-4032 Area Code & Daytime Telephone Number
Enclosed is a \$35,00 check a	nade payable to the Departme	ent of State.
Mai	ling Address:	Street Address:
Am	endment Section	Amendment Section
	ision of Corporations . Box 6327	Division of Corporations Clifton Building
P.O		r HIRON KINHAINA

Tallahassee, FL 32301

T CR2L045 (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.
. The name of the corporation: Ideal ATM Corporation
2. The principal office address: 14520 60th Street North
Clearwater, FL 33760-2711
3. The mailing address (if different):
3. Date of incorporation/qualification: 4/24/03 Document number: P03000046004
i. 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)
Stoneburnner, Berry & Simmons, PA
One Independant Drive Suite 2000
Jacksonville, FL 32202
Jacksonville, FL 32202 The name and street address of the new registered agent (if changed) and /or registered office PR 28 Gary Baker, Esq. 2963 Gulf to Bay Suite 100
Gary Baker, Esq.
2963 Gulf to Bay Suite 100 P.O. Box NOT acceptable
Clearwater, FL 33759
The street address of its registered office and the street address of the business office of its registered agent, is changed will be identical.
such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
George Gilpatrick - Vice President Printed or typed name and title
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address. I hereby confirm that the orporation has been notified in writing of this change.
May Malla Amil 12, 2011 Signature of Registered Agent
signing on behalf of an entity:
Typed or Printed Name

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