P03000098287

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Division of Corporations	
SUBJECT: Integrated Design Solutions, Inc.	
(Name of cor	poration)
DOCUMENT NUMBER: P03000098287	······································
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Samantha Holmes Gardner	
(Name of conta	act person)
Intergrated Design Solutions, Inc.	
(Firm/Con	npany)
·	
3154 San Michele Drive	
(Addre	ess)
Palm Beach Gardens, FL 33418	
(City/state and	zip code)
For further information concerning this matter, please cal	II:
Samantha Hoimes Gardner	at (561) 889-4567
(Name of contact person)	(Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Departm	eent of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mge is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Statutes, rganized under the laws of the State of Florida egistered agent, or both, in the State of Florida.	this
1. The name of	the corporation: Integrated Design S	Solutions, Inc.	
2. The principal	office address: 3154 San Michele D	Orive; Palm Beach Gardens, FL 33418	
3. The mailing a	address (if different): 3154 San Mich	ele Drive; Palm Beach Gardens, FL 33418	
4. Date of incorp	poration/qualification: 09/09/2003	Document number: P03000098287	
	d street address of the current register rtment of State:	red agent and registered office on file with the	
	Samantha Gregory		
	5440 North Ocean Drive, 1604	SECI)5 FF
	Singer Island, FL 33404	第5	
6. The name and (if changed):	i street address of the new registered	agent (if changed) and /or registered office	FILED 05FEB 28 PH 3: 26
	Samantha Gardner		26
	3154 San Michele Drive		
	(P.O. Box NOT accept	ptable)	
	Palm Beach Gardens, FL 33418		
The street address changed will	ess of its registered office and the st be identical.	treet address of the business office of its regist	ered agent,
•		opted by its board of directors or by an officer en notified in writing of the change.	
Abril!	Muline	Samantha H. Gardner, President	
(- D	ure of an officer or director)	(Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered ager to comply with the provisions of all d I am family the provisions of the ing filed merely to reflect a change been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complete p e obligation of my position as registered agent in the registered office address, I hereby confi ange.	erformance Or, if this rm that the
/ Kh)	Jad	02/07/2005 (Date)	
	chalf of an entity:	(Date)	
	Typed or Printed Name)		

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