P04000030169

(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:				





300057270343

07/28/05--01015--003 **35.00

TALLAHASSEE, FLORIDA

PA chg CRGS

COVER LETTER

Division of Corporations			
SUBJECT: International Academy of Golf Europe, Inc.			
(Name of corporation)			
DOCUMENT NUMBER: P04000030169			
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:			
Frank Popelka			
(Name of contact person)			
International Academy of Golf Europe, Inc.			
(Firm/Company)			
211 W. First Street			
(Address)			
Contact El 20744			
Sanford, FL 32711 (City/state and zip code)			
• • •			
For further information concerning this matter, please call:			
Frank Popelka at (407) 322-2495 (Name of contact person) (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: Street Address:			
Amendment Section Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street			
Tallahassee FL 32314 Tallahassee FL 32399			

CR2E045(6/04)

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

statement of chang	ge is submitted for a corporation organize	
	to change its registered office or registere	
	corporation: International Academy of C	
2. The principal of	ffice address: 211 W. First Street, Sanfor	rd, FL 32711
3. The mailing add	lress (if different):	
4. Date of incorpo	ration/qualification: February 16, 2004	Document number: P04000030169
5. The name and si Florida Departm	treet address of the current registered agenent of State:	nt and registered office on file with the
Je	effery T. Kipi	7.0 0
1	1 W. Citrus Str.	JUL 35 JUL 15
<u> </u>	Itamonte Springs, FL 32714	28 F
6. The name and so (if changed):	treet address of the new registered agent ((if changed) and /or registered office
<u>F</u>	rank Popelka	PATE OF THE
2	11 W. First Str.	ア
	(P.O. Box NOT acceptable)	
/ S	anford, FL 32771	·
The street address as changed will be	of its registered office and the street ade identical.	dress of the business office of its registered agent,
Such change was authorized by the	authorized by resolution duly adopted board, or the corporation has been notif	y its board of directors or by an officer so need in writing of the change.
Signature	of art of ticel of directors	Frank Popelka, President and Director
I hereby accept the I further agree to of my duties, and accuments being correct along the correct alo	e appointment as registered agent and c comply with the provisions of all statute I am familiar with and accept the oblige I filed merely to reflect a change in the r een notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
Signa	ture of Registered Agent)	July 21, 2005 (Date)
If signing on beha	lf of an entity:	
FRANK Y.	S P E K L ed or Printed Name)	

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