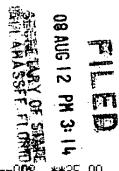
40.00164983

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
,
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
(Document remost)
Certified Copies Certificates of Status
Certified Copies
Special Instructions to Filing Officer:
·

Office Use Only



200134114572



08/12/08--01035--0**0**8

TO: Amendment Section Division of Corporations		
SUBJECT: Idea Book Design Group, Inc. (Name of Corporation)	on)	
DOCUMENT NUMBER: P04000164983		
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.	
Please return all correspondence concerning this matter to the f	following:	
Susan Platt (Name of Contact Per	rson)	
Idea Book Design Group, Inc. (Firm/Company)		
P.O. Box 15887 (Address)		
Tallahassee/Florida 32317 (City/State and Zip C	ode)	
For further information concerning this matter, please call:		
Susan Platt at (Name of Contact Person) at (Example 2)	350) 656-5475 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	

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rockange its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation; Idea Book Design Group, Inc.	
	office address: 241 John Knox Road Suite 300, Tallahassee, Florida 32303	
3. The mailing a	ddress (if different): P.O. Box 15887 Tallahassee, Florida 32317	
4. Date of incorp	poration/qualification: Document number:	
	I street address of the current registered agent and registered office on file with the tment of State:	
•	7733 Lonesome Dove Lane Tallahassee, Florida 32311 US	
	ANG 12	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	7
	6964 Azusa Road Tallahassee Florida, 32317	
	(P.O. Box NOT acceptable)	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signatu (Signatu	TRA RUSSACT ure of an officer of director) (Printed or typed name and title)	
	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.	
Clin (Sign	enature of Registered Agent) (Date)	
If signing on be	ehalf of an entity:	
JAMS	Typed or Printed Name)	

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