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To:

Division of Corporations

: (850)617-6380

From:

Account Name : FOLEY & LARDNER OF TAMPA

Account Number : 071344001620 Phone

: (813)229-2300

Fax Number

: (813)221-4210

## REGISTERED AGENT CHANGE

INFORM WORLDWIDE HOLDINGS, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$35.00 |

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations                            |   |
|---|---|
| SUBJECT: Inform Worldwide Holdings, Inc. (Name of Corpora                 | ation)  |
| DOCUMENT NUMBER: <u>P05000017166</u>                                      |   |
| The enclosed Statement of Change of Registered Office/Ager                | nt and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the            | following:  |
|   |   |
| Tina E. Dunsford (Name of Contact F                                       | , Esquire<br>Person)  |
| Foley & Lardne<br>(Firm/Compan  |   |
| 100 N. Tampa Stree<br>(Address)   | t, Suite 2700   |
| Tampa, FL   | 33602   |
| (City/State and Zip   | Code)   |
| For further information concerning this matter, please call:              | }   |
| Margo T. Valenti, Paralegal at (Name of Contact Person)                   | 813 ) 225-4110<br>(Area Code & Daytime Telephone Number)                    |
| Enclosed is a \$35.00 check made payable to the Department                |   |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 | Street Address: Amendment Section Division of Corporations Clifton Building |
| Tallahassec, FL 32314   | 2661 Executive Center Circle  |

Tallahassee, FL 32301

CR2E045 (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.  |              |
| I. The name of the corporation: Inform Worldwide Holdings, Inc.   | ,            |
| 2. The principal office address: 1175 South U.S. Highway 1, Vero Beach, FL 32962  | , .          |
| 3. The mailing address (if different): Same   | •            |
| 4. Date of incorporation/qualification: 02/02/2005 Document number: P05000017186  | ·<br>-       |
| 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)  |              |
| Auro S Management   | 3            |
| 15215 Cortez Boulevard  |              |
| Brooksville, FL 34613   | C F          |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   | FILE WID: 05 |
| F&L Corp.   | بي و         |
| One Independent Drive, Suite 1300  (P.O. Box NOT acceptable)  | i M          |
| Jacksonville, FL 32202  |              |
| 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.   | •            |
| Ashun MASCAREN HAS  | EYA          |
| 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) |              |
| If signing on behalf of an entity:  |              |
| Martin A. Traber  |              |
| (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   |              |

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