

PO5000125806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

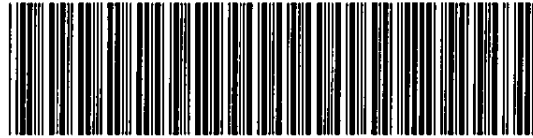
(Business Entity Name)

(Document Number)

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FALLAHASSEE, FLORIDA

RA Change

10/27/06

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COVER LETTER

✓ **TO:** Amendment Section
Division of Corporations

SUBJECT: Identity Defined Inc.
(Name of Corporation)

DOCUMENT NUMBER: P0500012806

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:

Sara Vargas
(Name of Contact Person)

Identity Defined Inc.
(Firm/Company)

4210 L. B. McLeod Road #105
(Address)

Orlando, Florida 32811
(City/State and Zip Code)

For further information concerning this matter, please call:

Sara Vargas at (407) 428-9515 Ext. 101
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2006

SARA VARGAS
IDENTITY DEFINED INC.
4210 L. B. MCLEOD ROAD #105
ORLANDO, FL 32811

SUBJECT: IDENTITY DEFINED INC.
Ref. Number: P05000125806

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

WE REQUIRE THE SIGNATURE OF BOTH AN OFFICER IN THE CORPORATION AND ALSO THE NEW REGISTERED AGENT BEFORE THE ATTACHED DOCUMENT CAN BE FILED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 606A00062227

RECEIVED
06 OCT 26 AM 8:00
DIVISION OF CORPORATIONS

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.

1. The name of the corporation: Identity Defined Inc.

2. The principal office address: 4210 L. B. McLeod Road #105, Orlando, Florida 32811

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2005 Document number: P05000125806

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

A1A Corporate Services Inc.
92 Sadberry Road
Quincy, Florida 32351

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sara Vargas
4210 L. B. McLeod Road #105
(P.O. Box NOT acceptable)
Orlando, Florida 32811

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TALLAHASSEE, FLORIDA

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.

Sara Vargas
(Signature of an officer or director)

SARA VARGAS / PRESIDENT
(Printed or typed name and title)

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.

Sara Vargas
(Signature of Registered Agent)

10/12/06
(Date)

If signing on behalf of an entity:

Sara Vargas
(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