## P05000140646

(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:			

Office Use Only



000151726610

04/24/09--01041--003 \*\*35.00





## **COVER LETTER**

	Amendment Section Division of Corporations	
SUBJEC	CT: IP Retail エッC, (Name of C	orporation)
DOCUM	MENT NUMBER: P05000140646	
The encl	osed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please re	eturn all correspondence concerning this matte	r to the following:
	Judit (Name of Co	h Silver ntact Person)
	(. mine or ea	
	Silve	Law PA
	(Firm/Co	ompany)
	1007 N. Fed (Add	deral Hwy #182 (ress)
	· ·	,
	Fort Lauderda	le, FL 33304
		nd Zip Code)
For furth	ner information concerning this matter, please	call:
	Judith Silver	at ( <u>954</u> ) 630-3551 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed	d is a \$35.00 check made payable to the Depar	tment of State.
	Mailing Address: Amendment Section	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

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

rursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this tatement of change is submitted for a corporation organized under the laws of the State of Floridain order to change its registered office or registered agent, or both, in the State of Florida.			
. The name of the corporation: IP Retail Inc.			
. The principal office address: 102 NE 2nd St., STE 381, Boca Raton, FL 33432 (do not change)			
. The mailing address (if different):			
Date of incorporation/qualification: 10/14/2005 Document number: P05000140646			
. 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)			
Toha, Martin			
102 NE 2nd ST., STE 381			
Boca Raton, FL 33432			
The name and street address of the new registered agent (if changed).			
	09 A		
154 NW 16th Street PRO (P.O. Box NOT acceptable)	APR 2		
Boca Raton, FL 33432	7 72		
uch change was authorized by resolution duly adopted by its board of directors or by an officer so ithorized by the board, or the corporation has been notified in writing of the change.  MACTIN COMMON (Printed or typed name and title)	3 39		
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance fmy duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.			
(Date)			
f signing on behalf of an entity:			
MACTIAL OFFA (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

CR2E045 (8/05)

FILED