PO5000/43317

•	Requestor's Name)	
<u> </u>	Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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	nent Section of Corporations	
SUBJECT:	ID Check.Co	m Corp
sebeter	Name of C	orporation
DOCUMENT N	UMBER: P050	000143317
The enclosed Sta	tement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all	correspondence concerning this matter	to the following:
		te in some many
	Diana C	Reves
	Name of Cor	ntact Person
	ID Check (Com Corn
ID Check.Com Corp. Firm/Company		
		1
	2325 Wellington Gr	reen Drive Ant 107
	Add	ress
	. 144.	
	187.10	51.00444
Wellington FL 33414 City/State and Zip Code		
	City/State an	d Zip Code
	dreyes@idche	ckdirect.com
	E-mail address: (to be used for fi	iture annual report notification)
	`	
For further infor	mation concerning this matter, please c	all:
	Diana Reyes	at (561) 329-4346
N	lame of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35	5.00 check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
	1 ananasses, 1 L 52517	Tallahassee, FL 32301

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: ID Check.Com Corp. 2. The principal office address: 3380 Fairlane Farms Rd Suite #1
Wellington, FL 33414
3. The mailing address (if different): 3380 Fairlane Farms Rd Suite #1
Wellington, FL 33414
4. Date of incorporation/qualification: 10/20/2005 Document number: P05000143317
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)
Christine De Pietto
1880 Grantham Court
Wellington FL 33414
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Diana C Reyes 5
2325 Wellington Green Drive Apt 107
P.O. Box NOT acceptable
Wellington FL 33414
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.
Signature of the officer or director Signature of the officer or director 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.
Signature of Registered Agent If signing on behalf of an entity:
Typed or Printed Name

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