P06000154458

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SECRETARY OF STATE
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R.A. Charge

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COVER LETTER

Division of Corporations
SUBJECT: Income Properties North, Inc.
DOCUMENT NUMBER: \$0600154458
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:
(Name of Contact Person)
Income Paperties North, Inc.
3900 Woodlake Blvd. Suite 301
Grenacres the 33463 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (50) 202-6500 (Area Code & Daytime Telephone Number)
(Name Qi Contact Person) (Area Code & Daytime Telephone Number)
Finchesed 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

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: Income Properties Worth Inc.
2. The principal office address: 3900 Wood lake Blvd Suite 301
Greenacres, 72 33463
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 12/15/06 Document number: P06000154458
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JUNA JEAN
3022 Joa Rd
Greenacres, Fa 33467
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT acceptable) (P.O. Box NOT acceptable) (P.O. Box NOT acceptable) (P.O. Box NOT acceptable)
(90000000)
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, for the corporation has been notified in writing of the change.
DATE SIANBY (Supplier of an order or director)
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) (Signature of Registered Agent)
If signing on behalf of an entity:
(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)

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APPROVED