207000112627

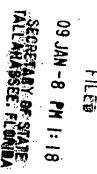
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



200137466472

01/08/09--01013--023 **35.00



RORGIO9



December 15, 2008

IPFAST CORPORATION 12535 ORANGE DR., SUITE 608 DAVIE, FL 33330

SUBJECT: IPFAST CORPORATION

Ref. Number: P07000112627

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your check with a note stating what the money is intended for.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 008A00060355

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: IPFast Corporation (Name of Corp	poration)
DOCU	MENT NUMBER: P07000112627	<u> </u>
The en	closed Statement of Change of Registered Office/A	agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to	the following:
Jose Luis Osorio (Name of Contact Person)		
	Common Common	,
IPfast Corporation		
(Firm/Company)		
12535 Orange Drive Suite 608 (Address)		
	(Audits	s)
Davie, Florida 33330		
	(City/State and	Zip Code)
For fu	ther information concerning this matter, please call	l:
	Jose Luis Osorio	at (786) 4069581
*******	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	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

statement of change is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Florida		
in order to change its registered office	e or registered agent, or both, in the State of Florida.		
1. The name of the corporation: IPfast Corp	oration		
2. The principal office address: 12535 Orange Drive Suite 608			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 10-12-	07 Document number: <u>P07000112627</u>		
5. The name and street address of the current re- Florida Department of State: (If resigned, ent	gistered agent and registered office on file with the ter resigned)		
	gistered agent and registered office on file with the ter resigned) vo South Biscayne Suite 2670		
Miami, Florida 33131 USA			
	tered agent (if changed) and /or registered office		
12535 Orange Drive Sui	ite 608		
Davie, Florida 33330 (P.O. Box NO	T acceptable)		
USA	<u> </u>		
The street address of its registered office and tas changed will be identical.	the street address of the business office of its registered agent,		
Such change was authorized by resolution dul authorized by the board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.		
(Signature of an officer or director)	Jose Luis Osorio/President (Printed or typed name and title)		
I hereby accept the appointment/as registered I further agree to comply with the provisions of of my duties, and I am familiar with and accep document is being filed merely to reflect a cha corporation has been notified in writing of thi	agent and agree to act in this capacity. of all statutes relative to the proper and complete performance pt the obligation of my position as registered agent. Or, if this ange in the registered office address, I hereby confirm that the is change.		
(Signature of Registered Agent)	12-08-08 (Date)		
If signing on behalf of an entity:	(—————————————————————————————————————		
(Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE; \$35.00 * * *

CR2E045 (8/05)