

PO 8000061537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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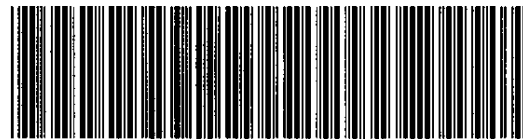
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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTEGRATED ADAPTIVE APPLICATIONS, INC
Name of Corporation

DOCUMENT NUMBER: P08000061537

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:

Yahui Zhu
Name of Contact Person

INTEGRATED ADAPTIVE APPLICATIONS, INC
Firm/Company

2681 SW 103RD STREET
Address

GAINESVILLE, FL 32608
City/State and Zip Code

jerryzhu@iaaincorporated.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yahui Zhu at (352) 222-5929
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

CR2E045 (8/05)