P08000084115

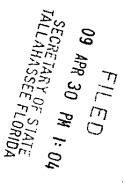
(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: IKG CORP (Name of Corpora	ation) +				
DOCUMENT NUMBER: P08000084115					
The enclosed Statement of Change of Registered Office/Age	nt and fee are submitted for filing.				
Please return all correspondence concerning this matter to the	•				
DON GONZALEZ					
(Name of Contact Person)					
DON GONZALEZ, P.A. (Firm/Company)					
(· ··································	· ·				
1820 North Corporate Lakes Blvd. Suite 201					
(Address)					
Weston, Florida 33326					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
DON GONZALEZ at (954) 5980660 (Area Code & Daytime Telephone Number)				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department	of State.				
Mailing Address:	Street Address:				
Mailing Address: Amendment Section	Amendment Section				
Division of Corporations P.O. Box 6327	Division of Corporations				
Tallahassee, FL 32314	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 Statu 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 in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered of the state of the sta	ida		
	1. The name of the corporation: IKG CORP., A FLORIDA CORPORA	TIC) N)
	2. The principal office address: c/o 1820 North Corporate Lakes Blvd. Suite 201			
	3. The mailing address (if different):			
	4. Date of incorporation/qualification: 09/12/2008 Document number: P08000084	4115		
	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)	ê		
	JUAN J. PEREZ			
	8569 PEMBROKE PINES BLVD. #216	<u>_</u>		
	PEMBROKE PINES, FL 33024	SECF ALL/	9	
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	RETARY	APR 30	FIL
	DON GONZALEZ, P.A.	OF S	PH	ED
	1820 North Corporate Lakes Blvd. Suite 201 (P.O. Box NOT acceptable)	TATE	1: 04	
	Weston, Florida 33326			
	The street address of its registered office and the street address of the business office of its regas changed will be identical.	gistered a	gent,	
	Such change was authorized by resolution duly adopted by its board of directors or by an offi authorized by the board, or the corporation has been notified in writing of the change.	cer so		
K.	(Signature of alreotter) SERGIO CAVANZO (Printed or typed name and title))		
	Thereby 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 complet of my duties, and I am familiar with and accept the obligation of my position as registered ag document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.		nance if this at the	
	200 J 0 04/09/2009			
	(Signature of Registered Agent) (Date) If signing on behalf of an entity:			
	DON GONZALEZ, P.A. (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)