

P09000053856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

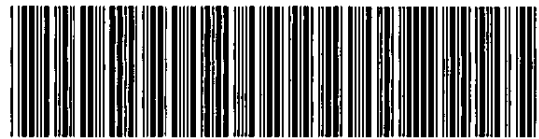
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

SECRETARY OF STATE

*R.A. Charge*  
C.COULLIETTE

SEP 09 2009

EXAMINER

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Interactive Consumer Services Corp.  
Name of Corporation

DOCUMENT NUMBER: P09000063856

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:

Betzaida Alvarez  
Name of Contact Person

Interactive Consumer Services, Corp.  
Firm/Company

1400 SW 5th Street #12  
Address

Miami FL 33135  
City/State and Zip Code

ics.1@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yajaira Lopez/Betzaida Alvarez at ( 305 ) 575-1005  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 27, 2009

BETZAIDA ALVAREZ  
INTERACTIVE CONSUMER SERVICES, CORP.  
1400 SW 5 ST., #12  
MIAMI, FL 33135

SUBJECT: INTERACTIVE CONSUMER SERVICES. CORP  
Ref. Number: P09000053856

We have received your document for INTERACTIVE CONSUMER SERVICES. CORP and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you have submitted is for an alien business organization. You are just a regular Florida profit corporation therefore, I am sending the correct form for your convenience. Please complete the form and return with a copy of my letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 209A00028837

RECEIVED  
2009 SEP -4 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Interactive Consumer Services, Corp.  
2. The principal office address: 1400 SW 5<sup>th</sup> Street # 12  
Miami FL 33135  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/20/2009 Document number: P09000053856

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)

Betzaida Alvarez  
1400 SW 5<sup>th</sup> Street # 12  
Hialeah FL 33135

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

900 W 49<sup>th</sup> Street, Suite 505  
P.O. Box NOT acceptable  
Hialeah FL 33012

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DIVISION OF CORPORATIONS  
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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 an 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

8/31/09  
Date

If signing on behalf of an entity:

Betzaida Alvarez Wagon  
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)