

P100000039151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

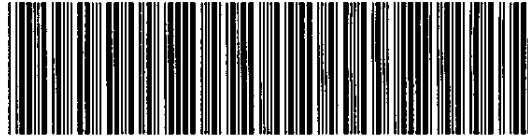
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corp CANNOT SUE
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Office Use Only



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06/15/15--01042--006 **35.00

FILED
JUL 27 2015
TALLAHASSEE, FLORIDA

R/A Chg

JUL 28 2015

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2015

AITOR LARTITEGUI
304 INDIAN TRACE #243
WESTON, FL 33326

SUBJECT: IBAIZABAL CORPORATION
Ref. Number: P10000039151

We have received your document for IBAIZABAL CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 015A00013416

RECEIVED
15 JUL 27 PM 2:36
DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IBAIZABAL CORPORATION
Name of Corporation

DOCUMENT NUMBER: P10000039151

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AITOR LARTITEGUI

Name of Contact Person

IBAIZABAL CORPORATION

Firm/Company

304 INDIAN TRACE, #243

Address

WESTON, FL 33326

City/State and Zip Code

ALARTITEGUI@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AITOR LARTITEGUI

Name of Contact Person

at (954) 479-7480

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

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: IBAIZABAL CORPORATION
2. The principal office address: 304 Indian Trace, #243
WESTON, FL 33326
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 5/5/10 Document number: P10000039/51

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)

Actax Financial Corp
2334 WESTON RD STE 118
WESTON, FL 33326

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

ACTAX ACCOUNTING
1761 W. HILLSBORO BLVD #311
DEERFIELD BEACH, FL 33442

P.O. Box NOT acceptable

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]
Signature of an officer or director

AITOR LARTIGUI / 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]
Signature of Registered Agent

07/21/15
Date

If signing on behalf of an entity:

ERICKA AXLU
Typed or Printed Name

*** FILING FEE: \$35.00 ***