

P100000039491

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DOE
9/20/12*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IKE Management, Incorporated
Name of Corporation

DOCUMENT NUMBER: P10000039491

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:

Karen Chambers, Ph.D.

Name of Contact Person

IKE Management, Incorporated

Firm/Company

P.O. Box 3663

Address

Apollo Beach, Florida 33572

City/State and Zip Code

ikemgt@yahoo.com

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

For further information concerning this matter, please call:

Karen Chambers, Ph.D.

Name of Contact Person

at (571) 278-2143

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

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: IKE Management Incorporated
2. The principal office address: 207 West Shell Point Road, Ruskin, Florida 33570
3. The mailing address (if different): P.O. Box 3663, Apollo Beach, Florida 33572
4. Date of incorporation/qualification: 05/07/2010 Document number: P10000039491

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)

KAREN CHAMBERS

802 GOLF ISLAND DRIVE

APOLLO BEACH, FL 33572

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

KAREN CHAMBERS PH.D.

207 SHELL POINT ROAD

P.O. Box NOT acceptable

RUSKIN, FL 33570

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.

Karen Chambers
Signature of an officer or director

KAREN CHAMBERS PH.D./ PRESIDENT

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.

Karen Chambers
Signature of Registered Agent

09/16/2012

Date

If signing on behalf of an entity:

KAREN CHAMBERS PH.D

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 (03/12)