

To: Page 1 of 3

9/3/2011 5:43:13 PM PST

1-323-962-8300 (From: Dragana Ognenovska)

P10000089001

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000001851 3)))



H110000018513ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN -4 AM 8:14

RECEIVED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
IPARTYOUTLET CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN -4 AM 10:42

FILED

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

TB 1-5-11

To: Page 2 of 3

1/3/2011 5:43:13 PM PST

1-323-962-8300 From: Dragana Oghenovska

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IPARTYOUTLET CORP.
Name of Corporation

DOCUMENT NUMBER: P10000089001

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:

Dragana Oghenovska
Name of Contact Person

Legalzoom.com, Inc.
Firm/Company

100 W. Broadway Suite 100
Address

Glendale, CA 91210
City/State and Zip Code

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

For further information concerning this matter, please call:

Dragana Oghenovska at (323) 962-8600
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

To: Page 3 of 3

1/3/2011 5:43:13 PM PST

1-323-962-8300 From: Dragana Ogrenovska

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: IPARTYOUTLET CORP.
2. The principal office address: 14610 N BECKLEY SQ., DAVIE, FL 33325 US
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/29/2010 Document number: P10000089001
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)

OROZCO, ROBERTO

14610 N BECKLEY SQ.

DAVIE FL 33325 US

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

820 S Cypress Road

Pompano Beach, FL 33060

P.O. Box NOT acceptable

2011 JAN -4 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Roberto Orozco, 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.

Signature of Registered Agent

Date

If signing on behalf of an entity:

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)