P11.0000 50178

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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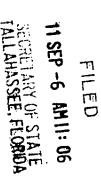
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COVER LETTER

TO: Amendment Sec Division of Corp	ction porations					
SUBJECT:	IBOAM GLOBAL [DESIGN, CORP.				
·	name of	Corporation				
DOCUMENT NÚMBE	R:P1	1000050178				
The enclosed Statement	of Change of Registered Offi	ice/Agent and fee are submitted f	or filing.			
Please return all correspo	ondence concerning this matt	er to the following:				
1	8	g				
		LLLANES				
	Name of C	ontact Person				
•						
		_ DESIGN, CORP.				
	Firm/C	Company				
•						
		7 ST #204	<u>.</u>			
	Ad	dress				
			,			
MIAMI FL 33126						
,	City/State a	and Zip Code	•			
	IBOAM@Y	AHOO.ES	•			
E-ma	ail address: (to be used for	future annual report notification	on)			
For further information c	oncerning this matter, please	call:				
RAYN	IEL LLANES	at (786) 3	325-1053			
	Contact Person	at (<u>786</u>) Area Code & Daytime To	elephone Number			
Enclosed is a \$35.00 che	ck made payable to the Depar	rtment of State.				
1	Mailing Address:	Street Address:				
	Amendment Section	Amendment Section				
	Division of Corporations	Division of Corpora	ations.			
	P.O. Box 6327 Fallahassee, FL 32314	Clifton Building 2661 Executive Cer	ster Circle			
	arrantanones i m nantan	ZOUT EXCOUNTY COL	TIOL CHOIC			

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a cor	poration organized	107.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	e of Florion
1. The name of	the corporation: IBOAN	I GLOBAL D	ESIGN, CORP.	
2. The principal	office address: 18850 N	NW 57 AVE # 31	03 33015	
3. The mailing a	ddress (if different):	£ .		
4. Date of incorp	poration/qualification:	05/26/2011	Document number:	P11000050178
	tment of State: (If resigne RAYN: E.) 7350 NW 7TH ST S	d enter resigned)	t and registered office on f	ile with the
6. The name and (if changed):	street address of the new 18850 NW 57 AVE Haleah	• • • •		ed office
The street addre as changed will	ess of its registered office be identical.	and the street add	ress of the business office	e of its registered agent,
I hereby accept I further agree to fay duties, and document is being corporation has	e of an afficer or director	tered agent and agent of all statutes accept the obligat a change in the re	its board of directors or led in writing of the change of the change of the change of the change of the proper and the proper	DE PRODIOCONT
Ту	ped or Printed Name	· .		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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