P11000075359

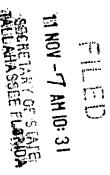
| (Re | equestor's Name) | | | | | |
|---|-------------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| . (Cit | ty/State/Zip/Phon | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificate | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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RAChange Thewis 11-9-11

COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: INDEPENDENT ACCESS SOLUTIONS, INC. | | | | | | | |
|---|--|---|---------------------|--|--|--|--|
| Name of Corporation | | | | | | | |
| DOCUMENT NUMBER: | P11 | 11000075359 | | | | | |
| The enclosed Statement of | Change of Registered Office | ce/Agent and fee are submit | ted for filing. | | | | |
| Please return all correspond | lence concerning this matte | er to the following: | | | | | |
| | Heather M. Lang Name of Contact Person | | | | | | |
| | Name of Co | ontact Person | | | | | |
| Salem Law Group, P.A. | | | | | | | |
| - | Firm/Company | | | | | | |
| | 101 E. Kennedy Blvd., Suite 3220 | | | | | | |
| | Ado | dress | | | | | |
| | Tampa, City/State a | FL 33602 and Zip Code | | | | | |
| | moriobaiordia. | o@amail.com | | | | | |
| E-mail | mariehgiardina@gmail.com E-mail address: (to be used for future annual report notification) | | | | | | |
| | | | | | | | |
| For further information con | cerning this matter, please | call: | | | | | |
| Marie | Giardina | at (813) | 335-6012 | | | | |
| Name of Co | ntact Person | at (<u>813</u>) Area Code & Daytin | ne Telephone Number | | | | |
| Enclosed is a \$35.00 check | made payable to the Depar | tment of State. | | | | | |
| Di | niling Address: nendment Section vision of Corporations D. Box 6327 | Street Address: Amendment Second Cliffon Building | rporations | | | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

| statement of che | ange is submitted for a co | rporation organize | 607.1508, or 617.1508, Flo ed under the laws of the Sta | te of Florida |
|---|--|---|--|----------------------------|
| | the corporation: Indepe | | ed agent, or both, in the States as Solutions, Inc | te of Florida. |
| 2. The principal | office address: 3632 La akes, Florida 34639 | | lvd., Suite 104-7 | |
| | | | | |
| 4. Date of incor | poration/qualification: | 8/24/11 | Document number: | P11000075359 |
| | d street address of the curr rtment of State: (If resigne | | nt and registered office on f | file with the |
| | James S. Giardina | | | |
| | 3802 W. Bay to Bay | y Blvd., Suite 1 | 1 | |
| | Tampa, FL 33629 | | | |
| 6. The name and (if changed): | d street address of the new | registered agent (| if changed) and /or register | ed office FF 3 5 5 3 |
| | Heather M. Lang | <u> </u> | | <u>25</u> 3 |
| | 101 E. Kennedy Blv | | | |
| | Tampa, Florida 336 | P.O. Box NOT ac | ссеріаліє | |
| The street addreas changed will | | | dress of the business office | e of its registered agent, |
| _ | | | y its board of directors or ied in writing of the chang | |
| Mary | | | Marie Giardina | a, Secretary |
| I hereby accept I further agree of my duties, an document is bei corporation has Sig | | tered agent and a ions of all statute accept the obliga a change in the r of this change. | agree to act in this capacit is relative to the proper an ation of my position as reg egistered office address, I | |
| | uned or Printed Name | | | |

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