

PI2000074586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

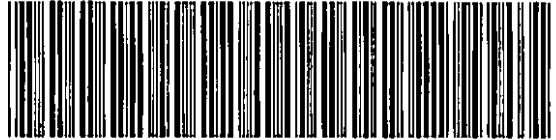
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JW 10/07/20

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: IPS Solutions, Inc.  
Name of Corporation

DOCUMENT NUMBER: P120000 74586

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:

Ingrid Scott  
Name of Contact Person

IPS Solutions, Inc  
Firm/Company

6574 N. State Rd. 7 #422  
Address

Coconut Creek, FL 33073  
City/State and Zip Code

ingridpscott@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ingrid Scott at ( 954 ) 394-7227  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: IPS Solutions, Inc.
2. The principal office address: 6574 N. State Rd. 7 #422  
Coconut Creek, FL 33073
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/27/2012 Document number: P12 000074 586
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)

Scott, Ingrid  
5701 NW 51 Place  
Coral Springs, FL 33067

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

Scott, Ingrid  
6574 N. State Rd. 7 #422  
Coconut Creek, FL 33073

P.O. Box NOT acceptable

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TALLAHASSEE, FL

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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

Ingrid Scott  
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

8/19/2020  
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 (04/13)