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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062

(888)705-7274

Phone Fax Number

: (888)706-7274

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

mail	Address:	

REGISTERED AGENT CHANGE IDEAL INVESTMENTS AND ASSOCIATES, INC.

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COVER LETTER

SUBJECT:	IDEAL INVESTMENTS AND ASSOCIATES, INC. Name of Corporation
	rante in Corporation
DOCUME	NT NUMBER:
The enclose	d Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Name of Contact Person
	Registered Agent Solutions, Inc.
	Firm/Company
	1701 Directors Blvd, Ste 300
	Address
	Austin, TX 78744
	City/State and Zip Code
	notices@rasi.com
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	888 705-7274
	Name of Contact Person at (888 705-7274 Area Code & Daytime Telephone Number

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

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga r to change its registered office or regis	nized under the laws of the State of	Florida
	the corporation: IDEAL INVESTM	•••	
2. The principal	office address: 8307-3 MANOR C		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12/14/2012	Document number: P1200	00101792
	I street address of the current registered timent of State: (If resigned, enter resign		vith the
	InCorp Services, Inc.		
	17888 67th Court North Loxahatchee, FL 33470		17 HAR
6. The name and (if changed):	l street address of the new registered age	:.	****
	Registered Agent Solutions,	Inc. ¹⁵	- 1527 ジ - 1527 ジ
	155 Office Plaza Dr., Suite A	·	0R10
	Tallahassee, FL 32301	Tacceptable	
as changed will	ess of its registered office and the street		,
authorized by th	e board, or the corporation has been no		
Signatu	re of an articer or director	Mandy Theobald	Authorized Filer
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent an o comply with the provisions of all stat my duties, and I am familiar with and a s document is being filed merely to refi that the corporation has been notified i	nd agree to act in this capacity. Intes relative to the proper and con accept the obligation of my position lect a change in the registered offic in writing of this change.	nplete 1 us registered 1e address, I
	y ·	02/22/2017	·
-	half of Registered Agent	Date	
	ell - Assistant Secretary		
Ту	rped or Printed Name	Ä	
	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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