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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: IDEIA BUSINESS LINK CORP

Name of Corporation

DOCUMENT NUMBER: 384006616

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:

F	ANA PAULA
	Name of Contact Person
	VICE PRESIDENT
•	Firm/Company
8	3749 IRON MOUNTAIN TRL
	Address
	WINDERMERE - FL - 34786
	City/State and Zip Code
	DEIABUSINESSLINK@GMAIL.COM
]	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA MO

Name of Contact Person

,11/5820

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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)

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

1. The name of the corporation: IDEIA BUSINESS LINK CORP 2. The principal office address: 8749 IRON MOUNTAIN TRL- WINDERMERE - FL- 34786		
3. The mailing a	ddress (if different):	
4. Date of incor	poration/qualification: 04/04/2016	
5. The name and	l street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	8749 IRON MOUNTAN TRL - WINDERMERE - FL 34786	
	2011 F	
6. The name and (if changed):	i street address of the new registered agent (if changed) and /or registered office	
	P.O. Box NOT acceptable	
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
	Ana Paula Sarrizo	
Signatu	re of an officer or director Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
_ diry	19/01/2017	
Sig Sig	nature of Registered Agent Date	

If signing on behalf of an entity:

Ana Paula Sarrizo

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 (03/12)