

(Re	equestor's Name)	
(Address)		
(Address)		
ų, to	iarcoo,	
(Cit	ty/State/Zip/Phone	e #)
	[] 	—
☐ PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
·	•	•
	ocument Number)	
·	cament Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	<u>-</u>
Special instructions to	Filling Officer.	

Office Use Only



600274717416

07/20/15--01003--011 **35.00

ACHO TO SERVICE AND SERVICE AN

Stockel

JUL 21 2015

R. WHITE

IFU CORPORATION

16460 NE 29th Ave, North Miami Beach, FL 33160.

July 15, 2015

AMENDMENT SECTION
DIVISION OF CORPORATIONS

٠,

Ref. Change Address IFU Corporation

To whom it may concern,

On this letter you will find the form that was sent to me buy SUNBIZ to change the address of IFU Corporation. This Form doesn't have space to change the address for the Officers/Directors. Please see below the new address for the Officer/Director that I also need to update on SUNBIZ:

Officer/Director Detail:
Name & Address
Title P
GUTIERREZ, JULIO C
16460 NE 29th Ave., North Miami Beach, FL 33160

If you need to contact me directly, please call me at 305.781.1012 or e-mail me at mailg@gmail.com .

Regards,

Julio C. Gutierrez

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT:

IFU CORPORATION

Name of Corporation

DOCUMENT NUMBER

P95000038405

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:

JULIO C. GUTIERREZ

Name of Contact Person

IFU CORPORATION

Firm/Company

16460 NE 29TH AVE.

Address

NORTH MIAMI BEACH, FL. 33160

City/State and Zip Code

MARIGG@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO C. GUTIERREZ

_{.7}305 _78

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: IFU CORPORATION		
2. The principal office address: 16460 NE 29TH AVE., NORTH MIAMI BEACH, FL. 33160		
3. The mailing address (if different): 16460 NE 29TH AVE., NORTH MIAMI BEACH, FL. 33160		
4. Date of incorporation/qualification: 05/15/1995 Document number: P95000038405		
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)		
GONZALEZ, CPA, PA, ERNESTO		
2020 PONCE DE LEON BLVD, SUITE 1007		
CORAL GABLES, FL. 33134		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
GONZALEZ, CPA, PA, ERNESTO		
2020 PONCE DE LEON BLVD, SUITE 1007		
P.O. Box NOT acceptable CORAL GABLES, FL. 33134		
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 of an officer or director JULIO C. GUTIERREZ 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.		
moly 07/15/2015		
Signature of Registered Agent Date If signing on behalf of an entity:		
ERNESTO GONZALEZ Typed 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 * * *