

195000056219

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change
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KIM, SMITH & PARDY 4074810502

NO. 673

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TRANSMITTAL LETTERAmendment Section
Division of Corporations

ECT: INTERNATIONAL RECOVERY GROUP, INC.

(Name of corporation)

UMENT NUMBER:

nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
e return all correspondence concerning this matter to the following:

JOSEPH DINARDO

(Name of person)

INTERNATIONAL RECOVERY GROUP, INC.

(Name of firm/company)

2875 S. ORANGE AVE., 500-415

(Address)

ORLANDO, FL 32808

(City/state and zip code)

urther information concerning this matter, please call:

SEPH DINARDO

(Name of person)

at (407) 481-0050

(Area code & daytime telephone number)

osed 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
409 E. Gaines Street
Tallahassee, FL 32399FILED
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TALLAHASSEE, FLORIDA

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KIM SMITH & PARDY - 4874810502

NO. 673

003

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

Under 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.

The name of the corporation: INTERNATIONAL RECOVERY GROUP, INC.

The principal office address: 2875 S. ORANGE AVE., 500-415, ORLANDO, FLORIDA 32806

The mailing address (if different): 2875 S. ORANGE AVE., 500-415, ORLANDO, FL 32806

Date of incorporation/qualification: 07/20/1995

Document number: P95000056219

The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JOSEPH DINARDO

368 E. MICHIGAN STREET

ORLANDO, FL 32806

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

Joseph Dinardo

237 N Crystal Lake DR

(P.O. Box or personal mailbox NOT acceptable)

Orlando FL 32803

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

The change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by board, or the corporation has been notified in writing of the change.

(Signature of officer or director)

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, and I 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 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 of Registered Agent)

(Date)

Noting on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$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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