

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : WARD, DAMON & POSNER, P.A.
Account Number : 072262000447
Phone : (561)842-3000
Fax Number : (561)842-3626

SECRETARY OF STATE
TREASURER, FLORIDA

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

Email Address: _____

REGISTERED AGENT CHANGE
IBA CONSULTANTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IBA Consultants, Inc.
Name of Corporation

DOCUMENT NUMBER: P96000006852

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:

Rana Gorzeck
Name of Contact Person

Ward Damon
Firm/Company

4420 Beacon Circle
Address

West Palm Beach, FL 33407
City/State and Zip Code

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

For further information concerning this matter, please call:

Rana Gorzeck at (561) 842-3000
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: IBA Consultants, Inc.
2. The principal office address: 6909 SW 18th Street, Suite A-301, Boca Raton, FL 33433
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/18/1996 Document number: P96000006852
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)

BDB Agent Co.

5355 Town Center Road, Suite 900

Boca Raton, FL 33433

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

Rana Gorzeck, c/o Ward Damon

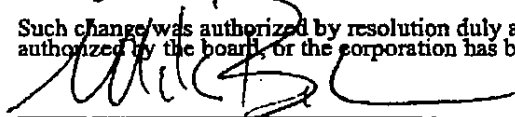
4420 Beacon Circle

P.O. Box NOT acceptable

West Palm Beach, FL 33407

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

Mark Baker, DPST
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 of Registered Agent

2-16-10
Date

If signing on behalf of an entity:

Rana Gorzeck - Ward Damon
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 (8/05)

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