

P97 000097585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
2017 APR 28 AM 9 55

V HERRING
MAY - 3 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTERBAY OF TAMPA INC
Name of Corporation

P97000097585

DOCUMENT NUMBER:

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:

maria shoubaki

Name of Contact Person

INTERBAY MARKET

Firm/Company

6110 INTERBAY BLVD

Address

TAMPA FLORIDA 33611

City/State and Zip Code

SHOUBAKIMARIA@YAHOO.COM

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

For further information concerning this matter, please call:

MARIA SHOUBAKI

813

732-1287

Name of Contact Person

at ()

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: Interbay of Tampa inc
2. The principal office address: 6022 south 2nd st tampa florida 33611
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/13/1997 Document number: p97000097585

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)

Hani shoubaki 6022 s 2nd st tampa fl 33611

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

samuel shoubaki

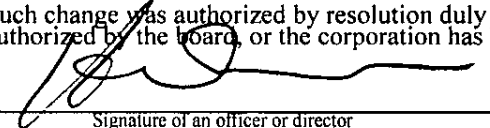
7404 s fitzgerald st tampa florida 33616

P.O. Box NOT acceptable

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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

Hani shoubaki

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

03/25/2017

Date

If signing on behalf of an entity:

Samuel shoubaki

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