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OIVISION OF CORFORALION



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: IMS Telecom Consulting, Inc.

Name of Corporation

DOCUMENT NUMBER: EIN 59-3550270

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:

Louise C. Smith

Name of Contact Person

IMS Telecom Consulting, Inc.

Firm/Company

1978 Wolf Laurel Dr

Address

Sun City Center, FL 33573

City/State and Zip Code

Lsmith4health@gmail.com

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

For further information concerning this matter, please call:

Louise C. Smith

.,813

641-8202

105830

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: IMS Telecom Consulting, Inc.	
2. The principal office address: 1978 Wolf Laurel Dr.	
Sun City Center, FL 33573	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/21/1998 Document number: P98000105836	
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)	
Louise C. Smith	
1022 Sonata Ln	
Apollo Beach, FL 33572	است.
Apollo Beach, FL 33572 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Louise C. Smith 1978 Wolf Laurel Dr	17 OF 37 P
Louise C. Smith	TON
1978 Wolf Laurel Dr	1,
P.O. Box NOT acceptable Sun City Center, FL 33573	
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.	
Louise C. Smith, Vice Pres. (DV) 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.	
November 19, 2012 Signature of Registered Agent Date	
If signing on behalf of an entity:	
Louise C. Smith	
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)