## Pagooo 50804 Integrated manboting Systems Requester's Name 4230 5. MacDisp Que Sto. E Address Jampa 21 33611 City/State/Zip Phone # Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)  2. (Corporation Name)	(Document #)
(Corporation Name) 4. (Corporation Name)	(Document #)  ODODO31269301 -02/08/0001028020 ****157.50 ******35.00 (Document #)
Walk in Pick up time Mail out Will wait  NEW FILINGS  Profit Not for Profit Limited Liability	Certified Copy  Photocopy Certificate of Status  AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent
☐ Domestication ☐ Other  OTHER FILINGS ☐ Annual Report ☐ Fictitious Name	Dissolution/Withdrawal  Merger  REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other  V. SHEPARD FEB 1 6 2009

**Examiner's Initials** 

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

the undersigned corporation organized under the laws of the State of Florida Statutes,
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: Interpreted Macheting Systems
Inc.
2. The mailing address of the corporation is: 4230 South MacDill Ave:
Jude & Tampe, FL 33611
3. Date of incorporation/qualification: 41/99 Document number: P9900050 804
4. The name and address of the current registered agent and office:
GRORDE B. Lefeyre
4409 Summer Dak DR
_Tamba, Floride 33621 50 20
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Sandra Partin
4230 South MacDII Ave.
Suite & Tampay Fl 33611
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.
(Signature of an officer, chairman of the board)  (Date)
(Signature of an officer, chairman or vice chairman of the board) (Date)
Sund Rein Partin
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Saule $\mathcal{K}$ $\mathcal{P}_{a}\mathcal{L}$ $1-2f-00$ (Signature of Registered Agent) (Date)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

P.O. Box 6327 TALLAHASSEE, FL 32314

CR2E045(7/97)

DIVISION OF CORPORATIONS