## 568770

(Re	questor's Name)	,
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600276827436

09/08/15--01019--019 \*\*35.00



## COVER LETTER .

TO: Amendment Section Division of Corporations
SUBJECT: Innovative Business Associates, Inc. Name of Corporation
DOCUMENT NUMBER: 568770
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:
Dan Webb Name of Contact Person
Innovative Business Associates Inc.
1215 Brestwood Drive Address
Clermont, FL 34711 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dan Webb at (407) 332-7500 Name of Contact Person Area Code & Daytime Telephone Number
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  Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>Innovative Business Associates Inc.</u>
2. The principal office address: 12/5 Brestwood Drive
Clermont, FL 34711
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/26/91 Document number: 568770
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)
Dan webb
1773 Grinnell Terrace
WinterPark, FL 32789
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
1215 Brentwood Drive
1215 Brentwood Drive P.O. Box NOT acceptable Clermont, FL 34711
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  Daw Webb Aresident  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.
(A) well 9/3/2015
Signature of Registered Agent Date  If signing on behalf of an entity:

\* \* \* FILING FEE: \$35.00 \* \* \*