

S 68770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

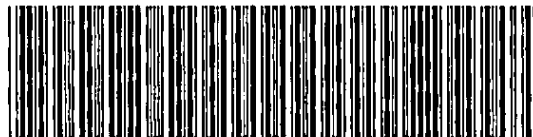
(Business Entity Name)

(Document Number)

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C. GOLDEN

AUG 23 2017

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

Firm/Company

9104 Mossy Oak Lane
Address

Clermont, FL 34711
City/State and Zip Code

dwebb@ibainc.net
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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2017

DAN WEBB
9104 MOSSY OAK LANE
CLERMONT, FL 34711

SUBJECT: INNOVATIVE BUSINESS ASSOCIATES, INC.
Ref. Number: S68770

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 917A00016028

RECEIVED
17 AUG 22 10:20:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Innovative Business Associates, Inc
2. The principal office address: 9104 Mossy Oak Lane, Clermont, FL 34711
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 7/26/1991 Document number: 5687720
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
1215 Brentwood Drive
Clermont, FL 34711

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

Dan Webb
9104 Mossy Oak Lane
Clermont, FL 34711

P.O. Box NOT acceptable

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.

Dan Webb
Signature of an officer or director

Dan Webb President
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.

Dan Webb
Signature of Registered Agent

8/17/2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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STATE OF FLORIDA
TALLAHASSEE