

✓59797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

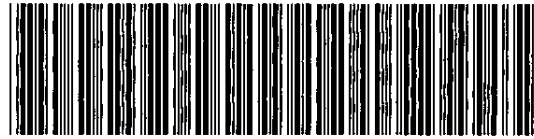
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

PA ON
9/28/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Information Research Tech., Inc.
Name of Corporation

DOCUMENT NUMBER: V59797

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:

Sherrie L. Webb
Name of Contact Person

Information Research Tech Inc.
Firm/Company

4553 Grand Blvd. Suite 206 Box 6
Address

New Port Richey, FL 34652
City/State and Zip Code

swebb@information-research.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherrie Webb at (727) 853-0137
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

September 17, 2010

SHERRIE WEBB
4553 GRAND BLVD., STE 206 BOX 6
NEW PORT RICHEY, FL 34652

SUBJECT: INFORMATION RESEARCH TECHNOLOGIES, INC.
Ref. Number: V59797

We have received your document for INFORMATION RESEARCH TECHNOLOGIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 910A00022188

**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: Information Research Tech. Inc.
2. The principal office address: 4553 Grand Blvd. Suite 206 Box 6
New Port Richey, FL 34652
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8-24-92 Document number: V59797

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)

Donald K. Melvin
15431 Bertram Dr.
Hudson, FL 34667

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TALLAHASSEE, FLORIDA

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

Sherrie L. Klebb
10500 Hibiscus Dr.
P.O. Box NOT acceptable
Port Richey, FL 34668

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

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.

Sherrie L. Klebb
Signature of Registered Agent

Sept. 23, 2010
Date

If signing on behalf of an entity:

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 (8/05)