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(Ad	ldress)		•
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TRANSMITTAL LETTER

	Amendment Section Division of Corporations			-		-	-
SUBJE		US Corporation me of corporat		Section 1	·	ess es	* £ 50
DOCU	MENT NUMBER:				<u> </u>	, 	132
The enc	losed Statement of Change of Register	red Office/Ag	ent and fe	e are submitted	for filing.		
Please r	eturn all correspondence concerning the	nis matter to t	he followi	ng:			
144	Francesco A. Spezzano (Name of person)	<u> </u>	<u>.</u>	الأشطار الراحي	<u>.</u>	· <u>-</u>	المقر
IR	US Corporation c/o Financial Planners Assists (Name of firm/company)	ance Corp.			_+ -· ·	· <u>.</u> · · · · · .	្តបា ន
	355 N.E. 5th Avenue (Address)		<u>_</u> =	is w ≰≹r ⊕	• =	, to the second	- .
	Delray Beach, Florida 33483 (City/state and zip code)		<u> </u>	No facility	\$.c.	a [†] ige •™	*5# **
For furt	her information concerning this matter	, please call:					
Fran	(Name of person)	at (215 (Area cod	e & daytim	423-7400 e telephone num	ber)	- '	,, se =
Enclose	d is a \$35.00 check made payable to the	ne Departmen	t of State.				

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(07/02)

$\,$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

TO SEC

Pursuant to the	e provisions of s	ections 607.0502	?, <i>617.0502</i> , <i>6</i>	607.1508,	or 617.1508	8, Florida	Statu	tes,	
this statement o	f change is subm	nitted for a corpor	ration organi	zed under .	the laws of t	he State of	c		
Pennsylvania	in order	to change its reg	istered office	or registe	red agent, o	r both, in	the St	ate	
of Florida.		_	-	-					
1. The name of	the corporation:	IRUS Corporation	<u> </u>		3 34.5	.1. ,4		<u> </u>	
2. The principal	office address:_	923 Mariborough S	Street		<u>,</u>	· 	:	· .	· —•
-		Philadelphia, PA 1	9125			<u> </u>	20.5		
3. The mailing	address (if differ	ent): c/o Financial	Planners Assist	tance Corpo	ration, , Suite	4.	<u>'r</u>	·	٠.
355 N. E. 5th	ı Avenue, Delray B	each, Florida 33483		<u> </u>	<u> </u>	. <u>.</u>	·	2.2-	: <u>:</u>
4. Date of incor	poration/qualific	eation: 1985	· ; = - · ·	Documen	t number: _		<u></u>		
	d street address output	of the current regi	istered agent a	and registe	red office or	n file with	OLUMAR	\Box	
		C T Corp	oration System	<u> </u>	<u> </u>	ASA ASA	23		
		c/o C T Co	rporation Syste	m 7 =	<u></u>		- <u>-</u>	m	
	1200	South Pine Island F	Road, Plantation	ı, Florida 33	324	F.C	₹	Ö	
6. The name as changed):	nd street address	s of the new regi	stered agent	(if change	d) and /or r	registered	C/T	(if	
	F	rancesco A. Sj	pezzano			<u>. </u>	-		
		c/o Financial Planne	ers Assistance C	Cornoration	Suita 1				2
		(P.O. Box or persona			Suite 4				
	355	N. E. 5th Avenue,		=	33		ŧ	- •	
The street addressent as change	ess of its register	red office and the	street addre	ss of the b	usiness offic	e of its re	gister	ed	
_		resolution duly a corporation has b	adopted by its	s board of in writing		by an offi			
(Signature of an officer	chairman or vice offer	man of the board)		(Printed or typ	ed name and title	}			
I further agrée performance of	to comply with t "mv duties, and i	t as registered as he provisions of I am familiar wit cument is being f I that the corport	all statutes re h and accept	elative to t the obliga	he proper a ution of my n	nd comple position as			
Par TYC	\	_		- 21	(d				
Ву:	ignature of Registered	Agent)			1010.4 (Date)	<u>`</u>	-		· <u>-</u>
If signing on beha	If of an entity:				0.				
_	ancesco A. Spezzan	10 <u></u>			Treset	ent		, <u>we</u> t *	<u></u>
	Typed or Printed Name)			(0	Capacity)				

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