I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under	
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears	s
above, or on an attachment with all other like empowered.	

SIGNATURE: ALAN KALMANOFF

I

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Title	Р	Title	Т	
Name	KALMANOFF, ALAN	Name	GUYDEN, LINDA	
Address	2613 HILLEGASS AVE.	Address	629 CUMBERLAND AVE.	
City-State-Zip:	BERKELEY CA 94704	City-State-Zip:	TEANECK NJ 07666	
Title	S			
THE	3			
Name	BERGUM, SHELLEY			
Address	1939 PARKER ST.			

**Officer/Director Detail :** 

City-State-Zip: BERKELEY CA 94704

Name and Address of Current Registered Agent:

**Current Mailing Address:** 2613 HILLEGASS AVE.

2613 HILLEGASS AVE.

# BERKELEY, CA 94704

**Current Principal Place of Business:** 

DOCUMENT# N10000011594

BERKELEY. CA 94704

## FEI Number: 94-2598722

PARRISH, JIM 3041 CARLOW CIRCLE TALLAHASSEE, FL 32308 US

SIGNATURE:

Entity Name: INSTITUTE OF LAW AND POLICY PLANNING, INC.

### FILED Jan 28, 2013 Secretary of State CC7722696203

Certificate of Status Desired: No

Date

01/28/2013

PRINCIPAL