## P95000025795

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City/State/2	Zip Phone #		Office Use O	nly	
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Examiner's Initials

CR2E031(1/95)

## 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, the
undersigned corporation organized under the laws of the State ofFLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.  1. The name of the corporation is: INVENTION TECHNOLOGIES, INC.
1. The name of the corporation is:
2. The mailing address of the corporation is: 2655 LETEUNE RD., SUITE 550
CORAL GABLES, FL 33134
3. Date of incorporation/qualification: 3/31/1995 Document number: P9500025795
4. The name and address of the current registered agent and office:
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AMERICANJER  3/3 ACMERIA AME.
CORAL GABLES, FL 33134 PS SA TI
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable
Michael H. LAX, P.A.
1570 Madrusa Ave., Suite 311
CORAL Gables, Fil. 33146
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.
authorized by the board.
(Signature of an officer, chairman or vice chairman of the board)  (Date)
PRESIDENT - GRAY KOORITZKY
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
W/ichalth/as 8/17/98
(Signature of Registered Agent) / (Date)
If signing on behalf of an entity:
Mictiael H. Lax PRES/DIRECTOR (Capacity)

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