## P950000035795

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: INVENTION TECHNOLOGIES (Name of corporation)
DOCUMENT NUMBER: P950000 25795
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:
(Marne of person)
(Name of firm/company)
2655 LEJEUR 120. STE 550 (Address)
(City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (355) 571 8550  (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E045(07/02)

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## 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: INVENTION (ECHNOISGIES, INC.
2. The principal office address: 2655 LETEURE PO. 57E 550
COPPLE CABLES FL 33/34
3. The mailing address (if different):
4. Date of incorporation/qualification: 3 31 1715 Document number: P95000 Z577
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
LESCIE HECKER
2800 BISCAYNE BUVO. STE 1000
Minmi FC 33137
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  AAN H. RAMEN GSQ  (P.O. Box or personal mailbox NOT acceptable)  (P.O. Box or personal mailbox 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.
(Signature of an officer, chairman of vice chairman of the board)  (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.
(Signature of Registered Agent) (Date)
Afficiating on behalf of an entity:
The state of the s
(Typed or Frinted Name) (Capacity)
*** FILING FEE: \$35.00 *** - PH 9

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314