845389

•					
. (Re	equestor's Name)				
(Ad	ldress)				
(Ad	idress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates of Status				
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Special Instructions to Filing Officer:					
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: October 30, 2013

Order#: 854634-007

Re: INNOVATIVE INTERFACES INCORPORATED

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.050 ange is submitted for a corporation orga	•	•			
in orde	er to change its registered office or regist	ered agent, or botl	h, in the State of I	Florida.		
1. The name of	the corporation: INNOVATIVE INTERFA	CES INCORPORA	ATED			
2. The principal	l office address: 5850 Shellmound Way,	Emeryville, CA 946	608			
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 03/03/1980	Document n	number: 845389			
	d street address of the current registered a rtment of State: (If resigned, enter resign		d office on file w	ith the		
	C T Corporation System					
	c/o C T Corporation System, 1200 S. Pine Island Road					
	Plantation	FĻ	33324	35		
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and	l /or registered of:	fice 3		
	Corporation Service Company			E 5		
	1201 Hays Street			55		
	P.O. Box NO	Г ассерtable		o		
	Tallahassee		32301			
	ess of its registered office and the street l be identical.					
14 A	as authorized by resolution duly adopted he board, or the corporation has been no	d by its board of di stified in writing of	irectors or by an of the change.	officer so		
ryai	crem Cathely	Maureen Cathel	II, Vice President			
I hereby accept I further agree performance of agent. Or, if the hereby confirm	ure of an officer or director If the appointment as registered agent an to comply with the provisions of all stat f my duties, and I am familiar with and a tis document is being filed merely to refu- that the corporation has been notified ion.	nd agree to act in to utes relative to the accept the obligation lect a change in the	e proper and com on of my position e registered offic			
By:	Service and Agent	10/22/2013				
			Date			
	ehalf of an entity:					
	ryped or Printed Name					
	* * * FILING FE	CE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314