Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations	Children Ch
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE INNOVATION AND GROWTH CAPITAL INC.

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

statement of cha	nge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Delaware			
	, , , , , , , , , , , , , , , , , , ,	stered agent, or both, in the State of Florida.			
	the corporation: INNOVATION AND G				
2. The principal office address: 17035 Rainbow Falls Trail, Boca Raton, FL 33496					
3. The mailing a	ddress (if different):				
Document number: F19000004076					
	I street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file with the ned)			
	Valencia Registered Services, LLC				
75 Valencia Avenue, Fourth Floor Coral Gables, FL 33134					
				6. The name and (if changed):	Corporate Creations Network Inc. 801 US Highway I P.O. Box NOT acceptable P.O. Box NOT acceptable P.O. Box NOT acceptable P.O. Box NOT acceptable
	Corporate Creations Network Inc.				
	801 US Highway I				
P.O. Box NOT acceptable					
	West Palm Beach, FL 33408				
The street addre	ess of its registered office and the stree be identical.	et address of the business office of its registered agent,			
Such change wa authorized by th	is authorized by resolution duly adopt be board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.			
Took	a Edwards	Tasha Edwards, Attorney-in-Fact			
Signatur	e of an officer or director	Printed or typed name and title			
I further agree t of my duties, an document is bei	the appointment as registered agent a to comply with the provisions of all sto d I am familiar with and accept the ol ny filed merely to reflect a change in t been notified in writing of this chang	atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the			
Took	a Edwards	03/25/2024			
Sigi	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Tasha Edwards, S	Special Secretary				
Ty	ped or Printed Name				

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