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.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

TitlePNameLYONS, ALICIAAddress201 HARBOR CITY PARKWAY APT<br/>D232City-State-Zip:INDIAN HARBOR BEACH FL 32937

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALICIA LYONS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P15000002257

Entity Name: INNOVATION GROUP OF SOUTH FLORIDA, INC.

# **Current Principal Place of Business:**

1002 EAST NEWPORT CENTER DRIVE SUITE 200 DEERFIELD BEACH, FL 33442

## **Current Mailing Address:**

1002 EAST NEWPORT CENTER DRIVE SUITE 200 DEERFIELD BEACH, FL 33442

# FEI Number: 47-2712512

## Name and Address of Current Registered Agent:

LYONS, ALICIA 201 HARBOR CITY PARKWAY APT D232 INDIAN HARBOR BEACH, FL 32937 US

Certificate of Status Desired: No

Date

04/25/2017

FILED Apr 25, 2017 Secretary of State CC4955671439

PRESIDENT

Date