that my name appears above, or on an attachment with all other like empowered.

SIGN

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: INNOVATIVE INVESTMENT SOLUTIONS LLC **Current Principal Place of Business:**

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

142 OLD COUNTRY RD WELLINGTON. FL 33414

Current Mailing Address:

DOCUMENT# L05000065797

142 OLD COUNTRY RD WELLINGTON, FL 33414 US

FEI Number: 65-1111861

Name and Address of Current Registered Agent:

ROGALNY, CATHLEEN M 142 OLD COUNTRY RD WELLINGTON, FL 33414 US

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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	ROGALNY, CATHLEEN M	Name	ROGALNY, VICTOR R
Address	142 OLD COUNTRY RD	Address	142 OLD COUNTRY RD
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

MANAGING MEMBER

05/01/2016

Date

FILED May 01, 2016 Secretary of State CC5302311834

Date

Certificate of Status Desired: No

ATURE: CATHLEEN ROGALNY	