

Document Number Only

668113

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, Florida 32301

City State Zip Phone

**CORPORATION(S) NAME**

300002301093--4  
-09/23/97--01059--016  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Innovative Technology, Inc

FILED  
97 SEP 23 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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9/25/97

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DIVISION OF CORPORATION  
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Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Innovative Technology, Inc.

1b. Date of incorporation April 28, 1980 Document number 668113

2. The name and address of the current registered agent and office:

Thomas S. Hogan, Jr., 20 South Broad Street, Brooksville, Florida 34605

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent 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 authorized by the board.

[Signature] SIGNATURE September 11, 1997 DATE

Todd G. Atkinson Chairman Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SALVINA AMENTA-GRAY SPECIAL ASSISTANT SECRETARY

SIGNATURE BY [Signature] (Registered Agent) DATE 9-15-97

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314