Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H200002739323)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: {850}617-6383

From:

2020 AUS 11 PM 12: 23

Account Name

: STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : 120060000135 Phone

: (305) 789-3200

Fax Number

: (305) 789-4137

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Brown@voa-fla.o

REGISTERED AGENT CHANGE INNOVARE, LP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN

AUG 1 3 2020

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

INNOVARE, L			
Name o	f Limited Partnership or Lit	nited Liability Limited Partnersh	iip
, March 18, 2020		3.A2000000109	
Date of filling/registration in Florida		Florida document number	
4. The name of the registed Department of State:	ered agent and the registered	office address as shown on the	records of the Florida
C	orporation Service	Company	
	Na	me	
12	01 Hays Street		2
.	Add	ress	ش تعد
Te	llahassee, FL 323	01.	
	City, Stat	e and Zip	20/8 ATT 11
5. The name and Florida	street address of the new reg	istered agent and/or office:	P
Ja	net Stringfellow		<u>ب</u>
	Ne	me	5: 06
40)5 Central Avenue		σ _ν
	Florida street address (I	O.O. Box not acceptable)	
St	Petersburg	FL 33701	
	City, Sta	te and Zip	
6. Such change(s) is/are a	1	Piorida Department of Stale.	
I hereby accept the appoi	ntment as registered agent of sof all statutes relative to it accept the obligations of m	and agree to act in this capacity. he proper and complete perform y position as registered agent:	I further agree to ance of my duties,
Filing Fee: Certified Copy (opti	\$35:00 (onal): \$52.50		