Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Phone Fax Number

: (954)208-0845

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

Email Address:

REGISTERED AGENT CHANGE INNOTAS, INC.

Certificate of Status	0
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Page Count	03
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JAN 19 2017

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Corporate Filing Menu

Help

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	INNOTAS, INC.				
	Name of Corporation				
DOC	F07000003031 UMENT NUMBER:				
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	CT				
	Name of Contact Person				
	Firm/Company				
Address					
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For fu	rther information concerning this matter, please call:				
	Name of Contact Person Area Code & Daytime Telephone Numb				
	Name of Contact Person at (er			
Enclos	sed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Street Address: Amendment Section				
	Division of Corporations Amendment Section Division of Corporations				
	P.O. Box 6327 Clifton Building				
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617. ange is submitted for a corporation of er to change its registered office or re	rganized under the laws of the State	of California	-	
1. The name of	the corporation: INNOTAS, INC.				
2. The principal	office address: 111 SUTTER STREET	SUITE 300 SAN FRANCISCO, CA	A 94104		
3. The mailing a	address (if different):				
4. Date of incorporation/qualification: 06/12/2007 Document number: F07000003031					
5. The name and	d street address of the current register rtment of State: (If resigned, enter res	ed agent and registered office on fil			
	NRAI SERVICES, INC				
1200 South Pinc Island Road Plantation, FL 33324					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
		uth Dine Island Road			
e/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT acceptable					
	Plantation, Florida 33324			أغريبيه	
The street addras changed will	ess of its registered office and the str	reet address of the business office of	of its registered age	nt,	
Such change wa authorized by the	as authorized by resolution duly adoption board, or the corporation has been	oted by its board of directors or by a notified in writing of the change.	an officer so		
apr	Duity	April Wittenwyler, Authorized	Person	_	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with is document is being filed merely to that the corporation has been notifi-				
C T Cor	poration System Z	1/18/2017			
	mature of Registered Agent	Date		-	
If signing on be	chalf of an entity:				
Eleanor Puls					
T	'yped or Printed Name	UEE. \$35 00 * * *			

FILING FEE: \$35.00

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)