

FD 800 4058
1/10/2014 10:00:21 From: To: 8506178880 (1/3)
Division of Corporations Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: R. WHITE
JAN 13 2014

Division of Corporations
Fax Number : (850) 617-6380

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

RECEIVED
14 JAN 10 AM 10:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
INNOVATIVE EMERGENCY MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

FILED
14 JAN 10 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INNOVATIVE EMERGENCY MANAGEMENT, INC.

Name of Corporation

DOCUMENT NUMBER: F08000004058

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margaret Glisson Sollod

Name of Contact Person

Innovative Emergency Management Inc

Firm/Company

PO Box 110265

Address

Durham, NC 27705

City/State and Zip Code

meg.sollod@iem.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Sollod

at (919) 237-7438

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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, this statement of change is submitted for a corporation organized under the laws of the State of Louisiana in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INNOVATIVE EMERGENCY MANAGEMENT, INC.
2. The principal office address: 2400 Ellis Road
Durham, NC 27705
3. The mailing address (if different): PO Box 110265
Durham, NC 27705
4. Date of incorporation/qualification: 09/18/2008 Document number: F08000004058
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
NORTHWEST REGISTERED AGENT, LLC
3030 N. ROCKY POINT DRIVE, STE 150A
TAMPA, FL 33607
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

The street address of its registered office 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 so authorized by the board, or the corporation has been notified in writing of the change.

X 
Signature of an officer or director

William Eglin, Chief Financial Officer

Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: CT Corporation System


Signature of Registered Agent
Jordan Brown, Assistant Secretary
CT Corporation System

12/9/2013

Date

If signing on behalf of an entity:

Typed or Printed Name

*** 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)

FILED
14 JAN 10 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA