

F 08 00000 4423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

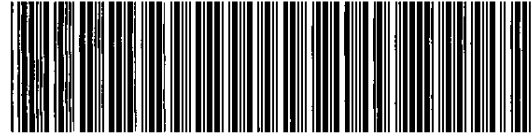
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RA Change

09-16-10

Dc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2010

BOB LEVN
INVARION, INC.
4949 E. STATE ROAD 64, SUITE 416
BRADENTON, FL 34212

SUBJECT: INVARION, INC.
Ref. Number: F08000004423

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 410A00020964

RECEIVED
2010 SEP 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Invarion Inc.
(Name of Corporation)

DOCUMENT NUMBER: FO 800000 4423

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:

Bob Levin
(Name of Contact Person)

Invarion Inc.
(Firm/Company)

4949 E. State Road 64 Suite 416
(Address)

Bradenton, FL 34212
(City/State and Zip Code)

For further information concerning this matter, please call:

Bob Levin at (972) 547-6629
(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

**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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Invarion, Inc.
2. The principal office address: 4949 E. State Road 64 Suite 416 Bradenton, FL 34208
3. The mailing address (if different): _____
4. Date of incorporation/qualification: OCT 10 2008 Document number: FO8000004423
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BOB LEVIN

4949 E. State Road 64 Suite 416

(P.O. Box NOT acceptable)

Bradenton, FL 34208

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.

Bob Levin
(Signature of an officer or director)

Bob Levin President/CEO

(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: Bob Levin

Invarion, Inc.

Pres/CEO

(Signature of Registered Agent)

August 26, 2010

(Date)

If signing on behalf of an entity:

INVARIION, INC. BOB LEVIN

(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 (8/05)