L0500056800

| Scott Horstemeyer (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Requestor's Name) | | | | |
| PC BCX 724914 (Address) | | | | |
| (Address) | | | | |
| FHanta, EIA. 31139-1914 | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
|] | | | | |
| | | | | |

Office Use Only



300058576743

00/26/05--01083--008 **/5.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| , | | | |
|---|---|---|---|
| 1. The name of the limite | ed liability company is | Innovation Specialists LLC | |
| 2. The mailing address of | f the limited liability o | ompany is: | |
| 1930 Cove Lane, Clea | rwater, FL 33764 | | _ |
| June 8, 2005 | | L05000056800 | |
| 3. Date of filing/registrat | ion in Florida | 4. Document numb | er |
| 5. The name of the register Florida Department of | ered agent and the regi State: | stered office address as shown on | the records of the |
| • | Gordon Bremer | | |
| | 1930 Cove Lane | Name | G |
| | | Address | os Os |
| | Clearwater, FL 33 | | SION O |
| | City | , State and Zip | 3 26 |
| 6. The name and address | of the new registered a | gent and/or office: | S CONF |
| William L. Betts | | | PH X |
| | 2016 Montana Ave | PH 2: 22 | |
| Florida street address (P.O. Box NOT acceptable) | | | |
| | St. Petersburg, | FL 33703 | |
| | City, | State and Zip | |
| confirmed that after the cl and the business office of liability company, it is her | hange or changes are not the registered agent we reby confirmed that the deliability company or | under the laws of the State of Flonade, the Florida street address of ill be identical. Or, in the case of e change(s) was/were authorized to as otherwise provided in the article company. | the registered office a Florida limited by an affirmative vote of |
| (Signature of a member or author | | , | |
| (Printed or typed name of signee) | DRSTEMEYER | | |
| | · . | igent and agree to act in this capa ve to the proper and complete per ns, of my position as registered ag filed to merely reflect a change in ty company has been notified in v | icity. I further agree to formance of my duties, ent as provided for in n the registered office writing of this change. |
| (Signature of Registered Agent) | <u> </u> | | |

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

INHS18(10/99)

FILING FEE: \$25.00