## L000031516

(Re	equestor's Name	)		
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phor	ne #)		
PICK-UP		MAIL		
<del>_</del>	_	<u> </u>		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Division o	on Section f Corporations			
SUBJECT: INNOVATIVE EXECUTIONS, LLC				
	(Name of Limite	d Liability Company)		
Dear Sir or Madar	n:			
The enclosed Reg	istered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all c	orrespondence concerning this m	natter to the following:		
Lisa Reeves	(Name of Person)			
National Reg	istered Agents, Inc. (Firm/Company)			
11600 College	e Boulevard, Ste 210			
Overland Park,	KS 66210 (City/State and Zip Code)			
For further inform	ation concerning this matter, ple	ase call:		
Lisa Reeves		913 754-0637		
(Na	ime of Person)	(Area Code & Daytime Telephone Number)		
Registration Division of Clifton Buil 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed i	s a check for the following amo	ount:		
<b></b> ✓ \$25 Fili	ng Fee	\$55 Filing Fee & Certified Copy		

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

Pursuant to the provisions of liability company submits the agent, or both, in the State of	of sections 608.4 e following state Florida.	116 or 608.508, Florida Statutes ment in order to change its regis	, the undersigned limited stered office or registered		
1. The name of the limited li	ability company	is: INNOVATIVE EXECUTIONS, LE	<u>.c</u> .		
		company is : 2400 Judson Street.			
4/7/2006		L06000036565			
3. Date of filing/registration	Date of filing/registration in Florida 4. Document number				
5. The name of the registered Florida Department of Stat		gistered office address as shown of	on the records of the		
<u>H/</u>	ALTERMAN- O'MA	ALLEY, ANNMARIE			
		Name			
_24	00 Judson Street	Address			
1	mm Hours El 2244				
<u>_Ly</u>	nn Have, FI 3244 Cit	ty, State and Zip	SEC ALL		
6. The name and address of the	ne new registered	l agent and/or office:	POOT AUG -7 SECRETAR) FALLAHASS		
<u>NR</u>	Al Services, Inc.		LL)		
		Name	PH I:		
2731 Executive Park Drive, Su					
F1	lorida street addr	ess (P.O. Box NOT acceptable)	1:59 ORID/		
<u>We</u>	eston	FL 33331			
	City	, State and Zip			
confirmed that after the change and the business office of the liability company, it is hereby of the members of the limited or the operating agreement of the operating agreement of the company of the member of a member or authorized in the confirmed that the change and the c	ge or changes are registered agent confirmed that to liability compart the limited liability was a liability compart the limited liability was a liability was		of the registered office of a Florida limited I by an affirmative vote		
(Printed or typed name of signee)  I hereby accept the appointm comply with the provisions of and I am familiar with and accepted 608, F.S. Or, if this address, I hereby confirm that NRAI Services. Inc.	ent as registered all statutes relat cept the obligation document is bein t the limited liabi	l agent and agree to act in this cap ive to the proper and complete pe ons of my position as registered a g filed to merely reflect a change ility company has been notified in s. Assistant Secretary	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.		
(Signature of Registered Agent)	/// LISO NEEVE	a, <u>noal</u> atetit Georgiai y			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00



11600 College Boulevard, Ste 210 Overland Park, KS 66210 800-550-6724 www.nrai.com

August 1, 2007

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Innovative Executions, LLC Florida Change of Agent

Dear Sir/Madam,

For the purposes of changing the registered agent and registered office of the above captioned Innovative Executions, LLC enclosed herewith, in duplicate, are a Statement of Change of Registered Office and/or Registered Agent accompanied by our check in the amount of Amount of Check.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed Business Reply Envelope.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Lisa Reeves

Enclosure - Check

Accepta 45 1