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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

| D | ate: | 10/07/2025 | anic DW | |
|--|------------------------------|---|--|--|
| | | Acc#I20160000072 | | |
| Name: | INNOVAS | OIL TECHNOLOGIES | MANAGEMENT, LLC | |
| Document #: | | | | |
| Order #: | 16572131 | | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of | | | | |
| Apostille/Notarial Certification: | | Country of Destination: Number of Certs: | | |
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| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount | :\$ 55.00 | | |

Thank you!

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

| l. Na | ame of the limited liability company: INNOVASOIL | . TECHNOLOGIES MAT | NAGEMENT, LLC | |
|-----------------------------------|---|--|---|--|
| !. (a) | 6440 SOUTHPOINT PKWY | (b) | (b) 6440 SOUTHPOINT PKWY | |
| (a) | Principal office address of finited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | SUITE 320 | SUITE 320 | SUITE 320 | |
| | JACKSONVILLE, FL 32216 JACKSON | | VILLE, FL 32216 | |
| | 04/11/2022 1.220001709 | | 44 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| . () | Matthew Fenner | | SEC. 1 | |
| i. (a) | Registered Agent and Registered Office shown on the records | Document number 285 OCI -7 | | |
| | Registered Office Address (MUST BE FLORIDA STREET | FILEU DCT-7 PM12 | | |
| | JACKSONVILLE | F1 32216 |) Spring | |
| (b) | C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> | red Office address: | | |
| | NEW Registered Office Address: | | | |
| | 1200 South Pine Island Road | | - | |
| | Plantation | F1. 33324 | | |
| the cha agent was/w the art | limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of /s/ Matthew Fenner | s of the registered officed liability company, it is irs of the limited liability | s hereby confirmed that the change(s) y company or as otherwise provided in apany. | |
| | ature of a member or authorized representative of a member | | Printed or typed name of signee | |
| provis the ob to mei | by accept the appointment as registered agent and ions of all statutes relative to the proper and complligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change. C T Corporation System | rided for in Chapter 60, s, I hereby confirm that | acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been | |
| | ure of Registered Agent | | | |

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