

Electronic Filing Cover Sheet

Public Access System

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To:

Division of Corporations

Fax Number : (8)

: (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

FRECEIVED 06 FEB -6 AM 8: 00

REGISTERED AGENT CHANGE

INNEX MANUFACTURERS & EXPORTERS INC.

0
0
02
\$35.00

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Corporate Filing Menu

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BIVISION OF CORPORATIONS
BIVISION OF CORPORATIONS

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• FEB-06-2006 12:02

CT CORP CLAYTON TEAM 2

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P.02/03

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	rovisions of sections 607.0302, 617.0502, ige is submitted for a corporation organiz	zed under the laws of the State of Florid	2
in order	to change its registered office or register	red agent, or both, in the State of Florida	f.
1. The name of th	ne corporation: Innex Manufacturers & Ex	porters Inc.	
2. The principal o	office address: 5580 Enterprise Parkway, I	Ft. Mycrs, FL 33905	
3. The mailing 2d	idress (if different):		
4. Date of incorpo	oration/qualification: 6/8/1990	Document number: L79637	
	street address of the current registered ag		
	Dennis J. Lumsden	<u> </u>	_
•	6719 Winkler Rd.		o olv
•	Ft. Myers, FL 33919		FEB
6. The name and (if changed):	street address of the new registered agent	t (if changed) and /or registered office	06 FEB -6 AH 11: 13
-	C T Corporation System	<u> </u>	=
	1200 South Pine Island Road	<u> </u>	- 🕠
	(P.O. Box NOT socceptable)		
•	Plantation, FL 33324	-	-
The street address as changed will b	ss of its registered office and the street a be identical.	address of the business office of its regi	stered agent,
Such change was authorized by the	s authorized by resolution duly adopted a board, or the corporation has been not	by its board of directors or by an office intended in writing of the change.	≈ 80
	V du	Harley M. Smith, Assistant Secretary	
	e of an efficie of diffector) the appointment as registered agent and to comply with the provisions of all statu if I am familiar with and accept the oblig is filed merely to reflect a change in the been notified in writing of this change.	(Phined or typed name that the) I agree to act in this capacity, tres relative to the proper and complete gation of my position as registered ages registered office address, I hereby con	performance nt. Or, if this firm that the
By. On. S. 7	Jun-	2/6/04 (Dute)	
	lattice of Registered Agent)	(Date)	
If signing on beh	ralf of an entity: No ration System - M.S. G pod or Princed Name)	reed	

* * * 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)