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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone 1 (302)674-4089

Fax Number : (302)674-5266

REGISTERED AGENT CHANGE

INNOVATIVE RESOURCE GROUP, LLC

Certificate of Status	0
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EXAMINER

Help



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 limited	d liability company is	INNOVATIVE RESOURCE GRO	OUP, LLC	 •
2. The mailing address of	the limited liability c	ompany is : <u>715 ST. PAUL STRI</u>	ET	 *
BALTIMORE, MD 21202				_
D444670574				_
04/19/2001		M01000000941		
3. Date of filing/registration	on in riorida	4. Document nun	nber	
5. The name of the register Florida Department of S	red agent and the regi State:	stered office address as shown of	on the records of the	
	HIQ CORPORATE SE	RVICES INC Name		
	1674 VILLAGE SQUA	RE BLVD SUITE 100 Address		,
	TALLAHASSEE, FL City	32309 State and Zip	-	-
6. The name and address of	of the new registered a	gent and/or office:	09 MAR	SE
	NRAI Services, Inc.			콧을
		Name	70	₽¥_
_	2731 Executive Park D		υ,	-> " =
	Florida street addres	s (P.O. Box NOT acceptable)		Rec
	Weston	FL 33331	ထ '	<u></u>
·	City, S	State and Zip	52	32.5 23.0
confirmed that after the ch	ange or changes are n	under the laws of the State of F nade, the Florida street address ill be identical. Or, in the case change(s) was/were authorized or as otherwise provided in the y company.	of the registered office	To the second se
(Signature of a member) or sulhorize	ed representative of a memb	er)		
(Printed or typed flame of signee)	l			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm NRA Sarvices, Inc. (Signature of Registered Agent)	ntment as registered as of all statutes relative accept the obligation is document is being that the limited liability	gent and agree to act in this ca e to the proper and complete pe is of my position as registered a filed to merely reflect a change ty company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	o

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