Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future 'annual report mailings. Enter only one email address please.

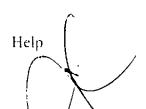
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REGISTERED AGENT CHANGE INNOVATION PARK TLH, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



2824 AUD 15 Million

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

statement of ch	ange is submitted for	a corporation orga	12, 607,1398, or 617,1508, Florida Statutes, th nized under the lows of the State of Florida ered agent, or both, in the State of Florida.	is
	the corporation: Inno			
			IVE, SUITE 100, TALLAHASSEE, FL 32310	
The maning a Date of incor	noration/qualification	, 02/21/2019	Document number: N19000002113	
5. The name and		current registered a	gent and registered office on file with the	
	Melissa Vansickte			
	215 South Monroe St		LAHASSEE, FL 32301	
6. The name and (if changed):		new registered age	nt (if changed) and /or registered office	2021 (35)
	1200 South Pine Isla			ن :
	Plantation, Florida 3.	NOT acceptable	5.15	
The street address changed will	ess of its registered of be identical.	office and the street	address of the business office of its registere	d agent.
Such change wa authorized by the	as authorized by resc he board, or the corp	olution duly adopted oration has been no	by its board of directors or by an officer so tilled in writing of the change.	
Ann	re of an officer of director		Ayne Markos, Vice President & Treast	irei
I hereby avcept I further agree of my duties, ar document is ber	the appointment as to comply with the poid I am familiar with ing filed merely to rest been notified in wri	registered agent an rovisions of all stat, and accept the obli flect a change in th ning of this change.	d agree to act in this capacity, utes relative to the proper and complete perf systion of my position as registered agent. G e registered office address, Thereby confirm	
······	Childhul A CAT-	Christine Kelm Assistant Scoretory	08/14/2024	
Sig 	plantine of Registered Agent		Date	
	thalf of an entity:			
CT Corporation	yped or Printed Name	**************************************		
		* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

By: