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COVER LETTER

Amendment Section Division of Corporations

TO:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rafael A. Gaitan Name of Contact Person Gaitan Morales, PLLC Firm/Company 1110 Brickell Ave #430 Address Miami, Florida 33131 City/State and Zip Code rgaitan@gaitanmorales.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael A. Gaitan Name of Contact Person at (305) 329-1462 Area Code & Daytime Telephone Number	SUBJECT:	Nam	HNOLOGIES INC. c of Corporation	
Rafael A. Gaitan Name of Contact Person Gaitan Morales, PLLC Firm/Company 1110 Brickell Ave #430 Address Miarni, Florida 33131 City/State and Zip Code rgaitan@gaitanmorales.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	DOCUMENT NUMBER:		P00000004883	· · · · · · · · · · · · · · · · · · ·
Rafael A. Gaitan Name of Contact Person Gaitan Morales, PLLC Firm/Company 1110 Brickell Ave #430 Address Miami, Florida 33131 City/State and Zip Code rgaitan@gaitanmorales.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael A. Gaitan at (305) 329-1462	The enclosed Statement of C	Change of Registered	Office/Agent and fee are sub	mitted for filing.
Caitan Morales, PLLC	Please return all correspond	ence concerning this	matter to the following:	
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For further information concerning this matter, please call:				T.C. antiam)
	E-mail	address: (to be used	i for future annuai report no	otification)
Rafael A. Gaitan at (305) 329-1462 Name of Contact Person Area Code & Daytime Telephone Number	For further information con-	cerning this matter, p	lease call:	
Name of Contact Person Area Code & Daytime Telephone Number			at (305)	329-1462
	Name of Co	ntact Person	Area Code & Da	sytime Telephone Number

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tatement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	,
. The name of the corporation: INNOVA TECHNOLOGIES INC.	
. The principal office address: 4534 N HIATUS RD, SUNRISE FL 33351	
The mailing address (if different):	
Date of incorporation/qualification: 01/14/2000 Document number: P0000000	1883
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	12 FE
OLIVERA, JOSE	F/20
4534 N HIATUS RD	FILEED 20 AH II
SUNRISE FL 33351 US	5 °
The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
GAITAN MORALES, PLLC	
1110 BRICKELL AVE #430	
P.O. Box NOT acceptable MIAMI FL 33131 US	
The street address of its registered office and the street address of the business office of its registered is changed will be identical.	agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or director Signature of an officer or director Signature of an officer or director Printed or typed name and title	ent
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete perfo If my duties, and I am familiar with and accept the obligation of my position as registered agent. Of locument is being filed merely to reflect a change in the registered office address, I hereby confirm to propration has been notified in writing of this change.	rmance r, if this hat the
Signature of Registered Agent Date	
f signing on behalf of an entity:	
Refact A. badan Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *