

P00000082292

(Requestor's Name)
1592 N. Highway A1A
Satellite Beach, FL 32937

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

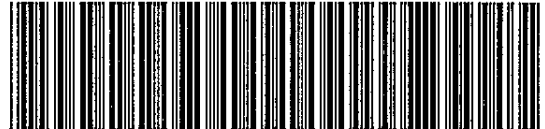
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
2003 OCT 13 AM 10:47

R.A. Charge
LFT

**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,
the undersigned corporation organized under the laws of the State of FLORIDA
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 corporation: INNOVATIVE GROWING SYSTEMS,
INC.
2. The mailing address of the corporation: 5695 HYDRO AGE LANE
COCOA, FLORIDA
3. Date of incorporation/qualification: AUGUST 28, 2000 Document number: P00000082292
4. The name and address of the current registered agent and registered office:

Robin M. Petersen
311 6th Avenue
Indianapolis, FL 32903

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT Acceptable)

MAURO CALLIGARO
5695 HYDRO AGE LANE
COCOA, FLORIDA 32926

The street address of its registered office and the street address of the business office of its registered
agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

10/02/03
(Date)

MAURO CALLIGARO

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated
corporation, I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent.

(Signature of Registered Agent)

10/02/03
(Date)

If signing on behalf of an entity:

MAURO CALLIGARO

(Typed or Printed Name)

(Capacity)

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

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