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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: In-O-Vate Technologies, Inc.

Name of Corporation

POCLIMENT NUMBER: P01000103821

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:

Richard Harpenau

Name of Contact Person

In-O-Vate Technologies, Inc.

Firm/Company

250 S. Central Blvd., Suite 207

Address

Jupiter, FL 33458

City/State and Zip Code

rick@dryerbox.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Harpenau

_{at} 561 743-8696

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508. Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name of t	he corporation: In-O-Vate Tec	chnologies, Inc.
2. The principal Jupiter, F	office address: 250 S. Centra	Blvd., Suite 207
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 10/26/20	01
	street address of the current regist tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)
	Richard Harpenau	
	810 Saturn Street, Suite	20
	Jupiter, FL 33477	PASS T
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered office
	Richard Harpenau	
	250 S. Central Blvd., Sui	te 207
	Jupiter, FL 33458	ox NOT acceptable
The street addre as changed will	ss of its registered office and the sbe identical.	street address of the business office of its registered agent.
Such change was authorized by the	s authorized by resolution duly ad e board, or the corporation has be	opted by its board of directors or by an officer so en notified in writing of the change.
1 lich	e of an officer or director	Richard Harpenau, Owner
I barahy accent	the appointment as registered age	riting of typed name and tide ont and agree to act in this capacity. It statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.
Nu	ich Hay	12/18/2018
Signature of Registered Agent		Date
If signing on bel	nalf of an entity:	
Ty	ped or Printed Name	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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