(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200082389152

12/11/06--01061--015 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Innerview Technologies Incorporated		
(Name of Corporation)		
DOCUMENT NUMBER: P04000077350		
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:		
Christopher L. Cottrill (Name of Contact Person)		
Graham, Cottrill, Jackson & Hostetter, LLP (Firm/Company)		
110 East Hillcrest Street (Address)		
Orlando, FL 32801 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Christopher L Cottrill (Name of Contact Person) at (407) 843-1681 (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

_	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	ige is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
-	
	ne corporation; Innerview Technologies Incorporated
2. The principal	office address: 2322 Diversified Way, Orlando, FL 32804
3. The mailing ac	Idress (if different): Same as above
<u> </u>	
4. Date of incorp	oration/qualification: May 13, 2004 Document number: P04000077350
5. The name and Fiorida Depart	street address of the current registered agent and registered office on file with the ment of State:
	Jody Anderson
	5728 Major Blvd Suite 506
	Orlando, FL 32819
5728 Major Blvd Suite 506 Orlando, FL 32819 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Christopher L Cottrill c/o Graham, Cottrill, Jackson & Hostetter, LLP 110 East Hillcrest Street (P.O. Box NOT acceptable)	
	Christopher L. Cottrill c/o Graham, Cottrill, Jackson & Hostetter, LLP
	110 East Hillcrest Street
	(P.O. Box NOT acceptable)
	Orlando, FL 32801
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
	Jody Anderson, President (Printed or typed name and title)
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
(XX	10-26-06
(Sig	nature of Registered Agent) (Date)
If signing on be	half of an entity:
Christopher	
_(1	yped or Printed Name)
	* * * FILING FEE: \$35.00 * * *

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