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(Re	equestor's Name)	
(Ac	idress)	<u> </u>
(Δε	ddress)	
<i>y </i>	201003)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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· (Bı	usiness Entity Nan	ne)
¥ (Do	ocument Number)	·· · ·
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Certified Copies	Certificates	of Status
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1/5 8/31/00.

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	CT: Innovetné Dasyn Bronze (Name of Corporation)	· .
DOC	IENT NUMBER:	
The e	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	(Name of Contact Person)	
	Januatrie Design Brong (Firm/Company)	
	1415T Popeour Trac Court (Address)	
	Orlando, FL 32828 (City/State and Zip Code)	•
For fu	er information concerning this matter, please call:	
	Anher Humany at (321) 689- 9950 (Name of Contact Person) (Area Code & Daytime Telephone Num	
	(Name of Contact Person) (Area Code & Daytime Telephone Num	nber)
Enclo	is a \$35.00 check made payable to the Department of State.	
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

_	_	607.0502, 617.0502, 66 corporation organized			
in order	to change its register	red office or registered	agent, or bot	h, in the State of Fl	oriđa.
		NOVATIVE DO			
2. The principal of	office address:/	HJS POPLORI ORLANDS, FL	N THEE	COCKY	·····
<u> </u>		ORLANDS, FL	32928		
3. The mailing ac	ddress (if different):		· · · · · · · · · · · · · · · · · · ·		
4 Date of incom	oration/malification	3-6-05	Document r	amber	
		current registered agent			the
Florida Depart		varous rogues or egosie		JOHN OHIHO WA	PER S
	CORPO	ORATE CREP	+ TIONS		A. 6.
	941	FOURTH ST	ŗ		SSET OF
		BEACH, F			OG AUG 30 PH 3: 36 BETALLAHASSEE, FLORID
6. The name and (if changed):	street address of the r	new registered agent (if	changed) and	l/or registered offic	AFINA RIDA
		SHUM WAY			
	14155	POPLORN O. Box NOTacceptable)	TREE C	ourt	
	00100	O. Box NOT acceptable)	2 * 2 \$		
rm					
The street address as changed will l	ss of its registered of be identical.	fice and the street add	ress of the bu	siness office of its	registered agent,
Such change was authorized by the	s authorized by resol e byard, or the corpo	ution duly adopted by ration has been notifie	its board of o	lirectors or by an of the change.	officer so
× ///	e of all officer or director)	<u> </u>	ANDRE	W SHVM	WAY
		egistered agent and as visions of all statutes ind accept the obligat lect a change in the re ing of this change.			
× /-			8-	28-0L (Date)	
	nature of Registered Agent)			(Date)	
If signing on beh	nalf of an entity:				
	FU SHUM WA	<u>y </u>			
(1)	har or runner name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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