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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RARD CHS ASIDID

COVER LETTER

TO:	Amendmer Division of	nt Section Corporations					
SUBJE	CCT:	INNOVATIO	N ENVIRON Name of Corpo	MENTAL INC			
DOCU	MENT NU	MBER:	P10000	010391			
The en	closed States	ment of Change of Reg	istered Office/Ag	ent and fee are submi	tted for filing.		
Please	return all co	rrespondence concerni	ng this matter to t	he following:			
	•		WILLIAM T. I	MIMS Person	·		
INNOVATION ENVIRONMENTAL INC							
		,	Firm/Compa	nny			
	E447 O LAVELAND DD OTE O						
5147 S LAKELAND DR, STE 2 Address							
	LAKELAND, FL 33813						
LAKELAND, FL 33813 City/State and Zip Code							
	MIMSFINANCE@AOL.COM						
		E-mail address: (to b	e used for future	e annual report noti	fication)		
For fur	ther informa	tion concerning this m	atter, please call:				
	V	/ILLIAM T. MIMS	at	. (863)	683-9297		
	Nan	ne of Contact Person		Area Code & Dayti	683-9297 ime Telephone Number		
Enclose	ed is a \$35.0	0 check made payable	to the Departmen	t of State.			
		Mailing Address: Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	Street Address: Amendment So Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng re Center Circle		

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TO:

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

statement 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.
1. The name of the corporation: INNOVATION ENVIRONMENTAL INC
2. The principal office address: 5147 S LAKELAND DR, STE 2, LAKELAND, FL 33813
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/03/10 Document number: P10000010391
5. 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)
T. MIMS CORP.
100 S KENTUCKY AVE STE 215
LAKELAND, FL 33801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): WILLIAM T. MIMS 5147 S LAKELAND DR STE 2 P.O. Box NOT acceptable
WILLIAM T. MIMS
5147 S LAKELAND DR STE 2
P.O. Box NOT acceptable LAKELAND, FL 33813
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, or the comporation has been notified in writing of the change. William T. Mims, Pres. of T. Mims Corp.
Signature of an officer or director Printed or typed name and title
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Wellsa July 5-1-10 Signature of Registered Agent Date
If signing on behalf of an entity:
WILLIAM T. MIMS Typed or Printed Name

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