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TALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Inventionaires Inc
DOCUMENT NUMBER: P1200024077
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:
Patrick HARRIS Name of Contact Person
Firm/Company P.O. Box 5564 Address
Patain ventionaines, com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patrick Harris at (850, 313-2489) 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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
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: <u>Invention aires</u>	
2. The principal office address: 3026 Birming haw Dr	
NAVARRE FL 32566	
3. The mailing address (if different): Prox Box 5564	
NAVARRE FL 32566	
4. Date of incorporation/qualification: 3-9-12 Document number: P/20000240	7
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) Patrick E. Harris 8617 EL Paseo St	
N Avarre FL 32566	
6. The name and street address of the new registered agent (if changed) and for registered offices in the changed): Patrick E. Harris F.	-
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 corporation has been notified in writing of the change. A	
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.	
12-26-20/2 Signature of Registered Agent	
Signature of Registered Agent Date If signing on behalf of an entity:	
Typed 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 * * *