

# P19000020957

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

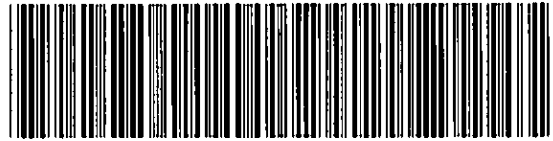
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2020 APR -3 AM 8:16

20 APR -3 PM 12:29

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2020

INCORPORATING SERVICES, LTD

SUBJECT: INVENT FILTRATION TECHNOLOGIES, INC.  
Ref. Number: P19000020957

*please honor  
original submission  
date as file date.*

We have received your document for INVENT FILTRATION TECHNOLOGIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please complete last section of filing: if signing on behalf on an entity

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 320A00007333

20 APR -7 PM 12:37

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 4/2/2020

**PRIORITY** Routine

**OUR REF # (Order ID#)** 818310

**ORDER ENTITY**

INVENT FILTRATION TECHNOLOGIES, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

INVENT FILTRATION TECHNOLOGIES, INC. (FL)

File the attached change of agent document

**NOTES:**

\$35.00 Authorized

Email address for annual report reminders: radiv@incserv.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: Invent Filtration Technologies, Inc.  
2. The principal office address: 6999 Merrill Road, Suite 2, #203, Jacksonville, FL 32277  
\_\_\_\_\_  
3. The mailing address (if different): 218 Little Falls Road, Units 7 and 8, Cedar Grove, NJ 07009  
\_\_\_\_\_

4. Date of incorporation/qualification: 3/29/2019 Document number: 83-4199840

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)

Corporation Service Company

251 Little Falls Drive

Wilmington DE 19808-1674

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

Incorporating Services, Ltd.

1540 Glenway Drive

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

  
\_\_\_\_\_  
Signature of an officer or director

Dr. Marcus Hoefken, President

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.

  
\_\_\_\_\_  
Signature of Registered Agent

4/2/20  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

  
\_\_\_\_\_  
Typed 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

CR2E045 (03/12)

2020 APR -3 AM 8:16