Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

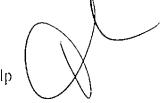
REGISTERED AGENT CHANGE INNOVATIVE SOFTWARE PRODUCTS INC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



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

	ange is submitted for a corporation organized under the laws of the S er to change its registered office or registered agent, or both, in the S				_
1. The name of t	the corporation: Innovative Software Products Inc				
	office address: 7901 4th St N STE 300				_
3. The mailing a	address (if different): 7901 4th St N STE 300 St. Petersburg	FL 337	702		_
	poration/qualification: 03/16/20 Document number: F			3	
	d street address of the current registered agent and registered office of rtment of State: (If resigned, enter resigned)	n file with	ı the		
	JONES, ADAM				
	14717 ROYAL POINCIANA DRIVE				
	ORLANDO, FL 32828			20	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or regis	tered offic	- 1/e 2	2023 FEB 14	
	Registered Agents Inc		공() 공()		
	7901 4th St N STE 300		CSC CSC	A	
	P.O. Box NOT acceptable St. Petersburg FL 33702		, IÁI E	8: 40	
The street addre	ess of its registered office and the street address of the business of l be identical.	ice of its	register	ed age:	nt,
Such change wa	as authorized by resolution duly adopted by its board of directors of he board, or the corporation has been notified in writing of the char	or by an o nge.	fficer s	υ	
Odani Signatur	Adam Jones The Man officer or director Printed or typed in			······	
I haraby accent	the appointment as registered agent and agree to act in this capace to comply with the provisions of all statutes relative to the proper of ad I am familiar with and accept the obligation of my position as re ing filed merely to reflect a change in the registered office address, s been notified in writing of this change.	city, and comp gistered Thereby	ilete per agent, confiri	rformai Or, if t n thát t	nce his he
Jack Letter	02/14/23	3			_
•	gnature of Registered Agent Date				
	chalf of an entity:				
David Robe	erts Typed or Printed Name				
1)	* * * 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 (04/13)