

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
INNOVATION TECHNOLOGIES, INC.**

Certificate of Status	0
Certified Copy	0
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RA/Rd/chs
⑩ 5/7/12

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INNOVATION TECHNOLOGIES, INC.
Name of Corporation

DOCUMENT NUMBER: P94000047022

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:

Tony Anderson
Name of Contact Person

Innovation Technologies, Inc.
Firm/Company

4500 Newberry Road
Address

Gainesville, FL 32607
City/State and Zip Code

tanderson@toi-health.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Anderson at (352) 367-2301
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

CR2ED45 (8/05)

FL006 - 07/25/2000 C T System Online

**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: INNOVATION TECHNOLOGIES, INC.
2. The principal office address: 1665 Lakos Parkway, Suite 102
Lawrenceville, GA 30043
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/23/1994 Document number: P94000047022
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)

HULSLANDER, RYAN T ESQ

4510 N.W. 6TH PLACE STE 100A

GAINESVILLE FL 32607

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

CT Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

Ryan T. Hulstander, Corporate Secretary

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.

By: CT Corporation System
Signature of Registered Agent

5412

If signing on behalf of an entity:

Barbara A. Burke

Special Assistant Secretary

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 (8/05)

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