

P 94000076394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

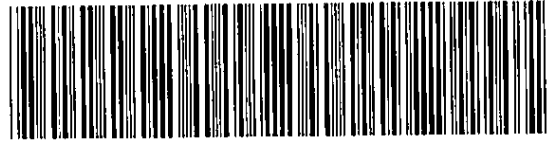
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400436973544

SEP 25 2024 PM 10:46
TALLAHASSEE, FL
FILING OFFICE

7/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Innuvo Inc.
Name of Corporation

DOCUMENT NUMBER: P4000070394

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:

Lisa Spring
Name of Contact Person
Innuvo Inc.
Firm/Company
1301 West Copans Road, Suite D-9
Address
Pompano Beach, FL 33064
City/State and Zip Code

LSpring@innuvo.com

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

For further information concerning this matter, please call:

Lisa Spring at (954) 581-1756
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Innuvo Inc.
2. The principal office address: 1301 West Copans Road, Suite D-9, Pompano Beach, FL 33064
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 09/23/1994 Document number: P4000070394
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)

Michael Spring

3300 Corporate Avenue, Suite 116

Weston, FL 33331

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

Michael Spring

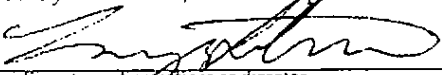
1301 West Copans Road, Suite D-9

P.O. Box NOT acceptable

Pompano Beach, FL 33064

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

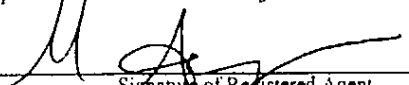
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Lawrence Sattler, 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.


Signature of Registered Agent

9/17/24

Date

If signing on behalf of an entity:

Michael Spring
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 (04/13)