P95000096673

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SECRETARY OF STATE VISION OF CORPORATIONS

R.A.

JUN - 8 2012

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations		
_{SUBJECT:} Innovate, Inc.		
Name of Co	rporation	
DOCUMENT NUMBER:	·	
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:	
Neal Lebar		
Name of Con	tact Person	
Innovate, Inc.		
Firm/Company		
8 Reuben Road		
Addr	ess	
Asheville, NC 288	04	
City/State and	d Zip Code	
nlebar@gmail.com		
E-mail address: (to be used for fu		
For further information concerning this matter, please c	all:	
Neal Lebar	at (941) 228-6436 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Departs	ment of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Amendment Section Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	1 ananassee, 1 L 32301	

CR2E045 (03/12)

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

- -	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
-	poration organized under the laws of the State of Florida office or registered agent, or both, in the State of Florida
1. The name of the corporation: Innova	ne Ranch Trail, Osprey FL 34229
2. The principal office address: OGZ 1 1	The Trail, Osprey 1 L 3-1229
3. The mailing address (if different): 8	euben Road, Asheville, NC 28804
4. Date of incorporation/qualification: 12	2/21/1995 Document number: P95000096673
5. The name and street address of the curre Florida Department of State: (If resigned	ent registered agent and registered office on file with the it, enter resigned)
Neal Lebar	·
392 Pine Ranc	h Trail
Osprey, FL 34229	
6. The name and street address of the new (if changed):	registered agent (if changed) and /or registered office
Jeffrey Greenbe	erg
12388 SW 82 A	Avenue
	P.O. Box NOT acceptable
Pinecrest, FL 3	3156
The street address of its registered office as changed will be identical.	and the street address of the business office of its registered agent,
_	duly adopted by its board of directors or by an officer so nas been notified in writing of the change.
_ on L	Neal Lebar - President
I further agree to comply with the provision performance of my duties, and I am family	ered agent and agree to act in this capacity, one of all statutes relative to the proper and complete for with and accept the obligation of my position as registered merely to reflect a change in the registered office address, I een notified in writing of this change.
	5/3//2
Anguature of Registered Agent	Dalig
If algoing on behalf of an entity:	<i>f</i>
Typed or Printed Name	coxy
***	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)