

F15000001625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

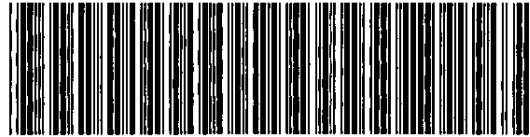
(Document Number)

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

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Wrong form  
- Chg. of form

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16 SEP 22 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Wachg

SEP 23 2016

R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2016

CAROL MCDERMAID  
5775 12TH AVE E  
SHAKOPEE, MN 55379

SUBJECT: REMOTE TECHNOLOGIES OF MINNESOTA INCORPORATED  
Ref. Number: F15000001625

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

You have submitted the wrong form. There is no provision in Florida statute for a foreign corporation to file articles of amendment to change the registered agent. Please find enclosed and complete the change of registered agent/office form.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 116A00019033

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Remote Technologies of Minnesota Incorporated  
Name of Corporation

DOCUMENT NUMBER: F15 000001625

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:

Carol McDermaid  
Name of Contact Person

Remote Technologies of Minnesota Incorporated  
Firm/Company

5775 12<sup>th</sup> Ave E, Ste 180,  
Address

Shakopee / MN 55379  
City/State and Zip Code

Carolm@rticorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol McDermaid at (952) 253-3120  
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

**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 MN in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Remote Technologies of Minnesota Incorporated  
2. The principal office address: 5775 12<sup>th</sup> Ave E, Ste 180  
Shakopee, MN 55379  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: F15000001625

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)

Clint Forberg (resigned)

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

Robert Templeman

9379 Savannah Estates Dr

P.O. Box NOT acceptable

Lake Worth, FL 33467

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]  
Signature of an officer or director

Kevin Marty CTO  
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.

Robert Templeman  
Signature of Registered Agent

9/22/2016  
Date

If signing on behalf of an entity:

[Signature]  
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)

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