Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000008031 3)))



H190000080313ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: VCORP SERVICES, LLC Account Name

Phone

Account Number : I20080000067

Fax Number

: (845)425-0077 : (845)818-3588

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

S TALLENT PIOS & O NAL

Email Address:\_

## REGISTERED AGENT CHANGE INTELISYS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Mil

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Intelisys, Inc.			
Name of Corporation			
DOCUMENT NUMBER: F16000003704			
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:			
Anthony Palazzo			
Name of Contact Person			
Vcorp Services, LLC			
Firm/Company			
25 Robert Pitt Drive, Suite 204			
Monsey, NY 10952			
City/State and Zip Code			
statenotices@vcorpservices.com 🗸			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Anthony Palazzo  Name of Contact Person  Area Code & Daytime Telephone Number			
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

CR2E045 (03/12)

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, I unge is submitted for a corporation organized under the laws of the S or to change its registered office or registered agent, or both, in the S	State of South Carolina	
·		title by Piorital.	
1. The name of t	the corporation: Intelisys, Inc. office address: 6 Logue Court, Greenville, SC 2961	 5	
2. The principal	Omice address:		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 08/17/2016 Document number:	16000003704	
	d street address of the current registered agent and registered office of timent of State: (If resigned, enter resigned)	n file with the	19
	Corporate Creations Network, Inc.		JAN
	11380 Prosperity Farms Road, #221E		725 1 1
	Palm Beach Gardens, FL 33410	<u></u>	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or regis	tered office	AM 10: 20
	Vcorp Services, LLC	<del></del>	
	5011 South State Road 7, Suite 106		
•	P.O. Box NOT acceptable	<u> </u>	
	Davie, FL 33314	<del></del>	
=	es of its registered office and the street address of the business offi be identical.		
Such change was	is authorized by resolution duly adopted by its board of directors on ie board, or the corporation has been notified in writing of the char	r by an officer so age.	
fles hows	Gerry Lyons, CFO		
///	re of an arriver or director Printed or typed that		
I hereby accept to I further agree to performance of a agent. Or, if this hereby confirm to	the appointment as registered agent and agree to act in this capac to comply with the provisions of all statutes relative to the proper a my duties, and I am familiar with and accept the obligation of my j is document is being filed merely to reflect a change in the register that the corporation has been notified in writing of this change.	try. Ind complete position as registered ed office address, I	
Ager	12/31/2018		
/ Sign	neture of Registered Agent Date	<u> </u>	
If signing on beh	half of an entity:		
	zzo, Assistant Secretary		
137	pad or Prizated Name * * * *******************************		
Ma	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STA ALL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSE		