F18 000002827

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies Certificates or otatus
Special Instructions to Filing Officer:
Special instructions to 1 iming diffeet.

Office Use Only



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2019 APR - 1 PH 1: 35

C. GOLDEN APR - 9 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Amanda Raker amanda.raker@cscglobal.com

Date: March 28, 2019

Order#: 626560-006

Re: INTELLIQUIP, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Amanda Raker c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	nge is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508 ution organized under the laws of the e or registered agent, or both, in th	ne State of Wyoming	· ——
1. The name of t	he corporation: INTELLIQUIP	, INC.		
2. The principal	office address: 3 W BHOAD S	ST SUITE #4 BETHLEHEM, PA 18	018	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 06/15/	2018 Document number	r: F18000002827	
	I street address of the current re truent of State: (If resigned, en	egistered agent and registered offic tter resigned)	e on file with the	
	BROCKWAY, DAVID			
	819 OAK SHADOWS RD		_	3
	CELEBRATION	FL 34747		:
6. The name and (if changed):	_	stered agent (if changed) and /or re		- <u>'</u>
	Corporation Service Compar	ny		
	1201 Hays Street	O. Box NOT acceptable	ں ۔۔۔۔۔	
	Tallahassee	FL 32301	ı	
The street addre	ess of its registered office and be identical.	the street address of the business	office of its registered	agent,
		ly adopted by its board of director is been notified in writing of the c	s or by an officer so hange.	
Mu	he Madin	Michael Madison, Sec		
Č	re of an officer or director		d name and litte	
agent. Or, if thi hereby confirm	is document is being filed mer	l agent and agree to act in this cap of all statutes relative to the prope with and accept the obligation of n elv to reflect a change in the regis notified in writing of this change.	stered office address, i	ed
By: Drace	· Cokubia	03/28/2019	-	
	nature of Registered Algent	Da	цс	
•	half of an entity:			
	Asst. Vice President ped or Printed Name	<u> </u>		

* * * FILING FEE: \$35.00 * * *