## L0300007457

(Re	equestor's Name)	<u></u>				
(Ad	dress)					
(Ad	(dress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nar	me)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
<u> </u>						

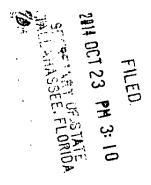
Office Use Only



000265718020

Change

10/23/14--01018--004 \*\*25.00



DRIVE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Sylvia Queppet

squeppet@cscinfo.com

Date: October 21, 2014

Order#: 343645/005

Re: INTELACLOUD, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Sylvia Queppet

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

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

INCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

a) _			(b)	I		
	Principal office address of li (Note: MUST BE ST	• • • • • • • • • • • • • • • • • • • •		ı	~	nited liability company: POST OFFICE BOX
	8409 Baymeadows Road	I, Suite 200		PO Box 720128		
	Jacksonville, FL	32256	<del>_</del>	Oklahom	a City, OK 7317	2
	03/03/2003			L0300000		
	Date of filing/registra	ation in Florida	4.		Document numb	FILED.
a)	Slinin, Richard J.				_	8 8
	Registered Agent and Registered Of	fice shown on the records of	the Florida	Dept. of State	- E:	型 72
	480 Johns Creek Parkway					FILED TABY O NASSEE
	Registered Office Address (MUS	T BE FLORIDA STREET	ADDRESS)		-	
						ر ان شم
	St. Augustine	, FL	32092		-	3: 11 ORIDA
		,		<del> </del>	-	•
o) _	Corporation Service Compar	ту		•		
	Enter name of <u>NEW Registered Ag</u>	ent and/or NEW Registered	Office add	ress;	•	
	1201 Hays Street		<u></u>		•	
	NEW Registered Office Address:					
	- " .				•	
	Tallahassee	, FL	32301		-	
	nitad liability company is not	organized under the lav	ve of the S	State of Flo	orida, it is hereby	confirmed that after
har	nge or changes are made, the F	lorida street address of	the regist	ered office	and the business	office of the registered
har t w wei		e of a Florida limited lis e vote of the members o	the regist ability con of the limit	ered office npany, it is ted liability	e and the business is hereby confirme y company or as o	office of the registered of that the change(s)
har t w wei	nge or changes are made, the F ill be identical. Or, in the cas re authorized by an affirmative	e of a Florida limited lis e vote of the members o	the regist ability con of the limit limited lia	ered office npany, it is ted liability ability con	e and the business is hereby confirme y company or as o pany.	office of the registere d that the change(s)
har t w wei rtic	nge or changes are made, the F ill be identical. Or, in the cas re authorized by an affirmative	e of a Florida limited lise vote of the members of rating agreement of the	the regist ability con of the limit limited lia	ered office npany, it is ted liability ability con	e and the business is hereby confirme y company or as o	office of the registere d that the change(s) otherwise provided in