

01/08/2019 11:06  
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(FAX) 845 818 3588

P.001/003

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : Vcorp SERVICES, LLC  
Account Number : 120080000067  
Phone : (845)425-0077  
Fax Number : (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.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
INTERSMART TECHNOLOGIES, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT  
JAN 9 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Intersmart Technologies, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Palazzo

Name of Person

Vcorp Services, LLC

Firm/Company

25 Robert Pitt Drive, Suite 204

Address

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 at ( 845 ) 517-3904  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2019 JAN -8 PM 10:10  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA  
FILED

# 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.

1. Name of the limited liability company: Intersmart Technologies, LLC
2. (a) 1935 NW 87th Avenue  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Miami, FL 33172
- (b) 6 Logue Court  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Greenville, SC 29615
3. 06/23/2017  
Date of filing/registration in Florida
4. L10000035142  
Document number
5. (a) Corporate Creations Network Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
11380 Prosperity Farms Road, #221E  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Palm Beach Gardens, FL 33410
- (b) Vcorp Services, LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
5011 South State Road 7, Suite 108  
NEW Registered Office Address:  
Davie, FL 33314

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Gerald Lyons  
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00