

211000044812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

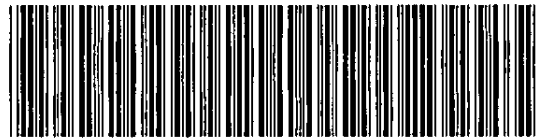
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 28 2016
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Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

INTUI SENSE NORTH AMERICA LLC

L11000046812

Thank you!

- | | | |
|--|---|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ Nonprofit | | |
| ☐ Foreign | ☐ Dissolution/Withdrawal | ☐ Mark |
| | ☐ Reinstatement | |
| ☐ Limited Partnership | ☐ Annual Report | ☐ Other |
| ☒ LLC | ☐ Name Registration | |
| Change of Agent | ☐ Fictitious Name | ☐ UCC |
| ☐ Certified Copy | ☐ Photocopies | ☐ CUS |
| ☐ Call When Ready | ☐ Call If Problem | |
| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |
| ☐ Mail Out | | |

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1/27/2016

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Order#:
9858778

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 27 P 12:59

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5-16-055

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTUI SENSE NORTH AMERICA 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:

Régis LE BRAS

Name of Person

Intui Sense North America

Firm/Company

4511 North Hanes Avenue, Suite 200

Address

TAMPA, FL 33614

City/State and Zip Code

regis.le-bras@intui-senso.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ()

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

INHS18 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JAN 27 P 12:59

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**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: INTUI SENSE NORTH AMERICA LLC

2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*
4511 North Himes Avenue, Suite 200
Tampa, FL 33614

(b) Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*
4511 North Himes Avenue, Suite 200
Tampa, FL 33614

3. 04/19/2011 Date of filing/registration in Florida

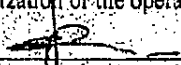
4. L11000046812 Document number

5. (a) Fowler White Boggs PA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

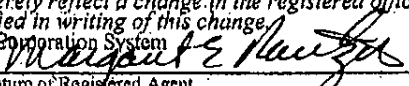
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
501 E. Kennedy Blvd, Ste 1700
Tampa, FL 33602

(b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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.

 Regis LB BRAS
Signature of a member or authorized representative of a member 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.

By:  MARGARET E. ROUTZAHN
Signature of Registered Agent Special Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)

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