

M1800000 4281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

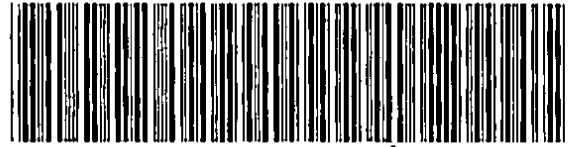
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/08/19--01018--005 \*\*25.00

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JAN 30 2019

19 JAN 23 PM 1:36

FILED

Foreign. Amended  
N/C



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2019

DANIELLE FRIEDMAN, ESQ.  
PALMARELLA, CURRY & RAAB, P.C.  
1255 DRUMMERS LANE, STE. 105  
WAYNE, PA 19087

SUBJECT: INTEL OPS TECHNOLOGY, LLC  
Ref. Number: M18000004281

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ATTACHED FORM FOR A FOREIGN LLC AND RESUBMIT. A CERTIFICATE FROM WYOMING SHOWING THE NAME CHANGE MUST ALSO ACCOMPANY THE AMENDMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 219A00001299

2019 JAN 23 PM 2:32

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INTEL OPS TECHNOLOGY LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danielle Friedman

Name of Person

Palmarella, Curry & Raab, P.C.

Firm/Company

1255 Drummers Lane, Ste. 105

Address

Wayne, PA 19087

City/State and Zip Code

dfriedman@pkpc.net ✓

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

For further information concerning this matter, please call:

Danielle Friedman at ( 610 ) 687-1100

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

\$30 Filing Fee &  
Certificate of Status

\$55 Filing Fee &  
Certified Copy

\$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E055 (9/15)

See attached  
letter dated 1/16/19

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Intel Ops Technology, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000004281

3. Jurisdiction of its organization: WYOMING

4. Date authorized to do business in Florida: 05/02/2018

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: INTELLIGENCE OPS TECHNOLOGY, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

If Changing Registered Agent, Signature of New Registered Agent

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19 JAN 28 PM 1:06

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*Hannah Tatreau*  
Signature of the authorized representative

**HANNAH TATREAU, MANAGER**

Typed or printed name of signee

Filing Fee: \$25.00

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

**CERTIFICATE OF NAME CHANGE**

Current Name: **INTELLIGENCE OPS TECHNOLOGY, LLC**  
Old Name: **INTEL OPS TECHNOLOGY, LLC**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **18th** day of **January, 2019**



Filed Date: 01/18/2019

*Edward A. Buchanan*

Secretary of State

By: Rosalie Gonzales