

PO1000024787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

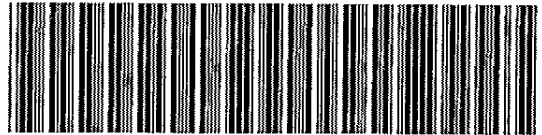
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ALABAMA

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7-29-05
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sentelligence, Inc
(Name of corporation)

DOCUMENT NUMBER: P01000024787

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rob Qualls
(Name of contact person)

Sentelligence, Inc
(Firm/Company)

8470 Allison Pointe Blvd. , Ste 100
(Address)

Indianapolis, IN 46250
(City/state and zip code)

For further information concerning this matter, please call:

Rob Qualls at (317) 713-6845
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 11, 2005

ROB QUALLS
8470 ALLISON POINTE BLVD., STE. 100
INDIANAPOLIS, IN 46250

SUBJECT: SENTELLIGENCE, INC.
Ref. Number: P01000024787

We have received your document for SENTELLIGENCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6909.

Velma Shepard
Document Specialist

Letter Number: 705A00045637

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sentelligence, Inc
2. The principal office address: 8470 Allison Pointe Blvd., Ste 100 Indianapolis, IN 46250
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/01 Document number: P01000024787
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Philip R. Evans

4478 Werleys Corner Road

New Tripoli, PA 18066

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rob Qualls

2100 South Ocean Lane #601

(P.O. Box NOT acceptable)

Fort Lauderdale, FL 33316

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

R.S. Qualls
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

R.S. Qualls
(Date)

7/22/05

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314