PU30000 61435

Requestor's Name)	
Address)	
Address)	<u>-</u>
City/State/Zip/Phone #)	
WAIT [MAIL
Business Entity Name)	
Document Number)	
Certificates of Sta	atus
to Filing Officer:	
	Address) Address) City/State/Zip/Phone #) WAIT Business Entity Name) Document Number)

Office Use Only



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RA Change

COVER LETTER

Intuitive Networking, Inc

Name of Corporation

DOCUMENT NUMBER: P03000061435

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:

Name of Contact Person

Intuitive Networking, Inc

Firm/Company

115 Spanish Trail

Address

Georgetown, FL 32139

City/State and Zip Code

kwaltz@intuitivenetworking.com

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

For further information concerning this matter, please call:

Kevin R. Waltz

Name of Contact Person

at (508 971-7473)

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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, 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.	this
1. The name of the corporation: Intuitive Networking, Inc	
2. The principal office address: 115 Spanish Trail Georgetown, FL 32139	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 05/29/2003 Document number: P030000614	35
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Richard L. Prendergast (deceased)	
35 43rd Ave	
Vero Beach, FL 32968-2384	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	19 ng 1 l
William J. Prendergast	.n -,∞
113 Spanish Trail	8
P.O. Box NOT acceptable Georgetown, FL 32139	<u> </u>
The street address of its registered office and the street address of the business office of its register as changed will be identical.	red agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer stauthorized by the board, or the corporation has been notified in writing of the change.	0
Kevin R. Waltz Officer/Director Printed or typed name and title	ır
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 regis agent. Or, if this document is being filed merely to reflect a change in the registered office address hereby confirm that the corporation has been notified in writing of this change.	stered ss. I
Thursey 1 61	
Attendance of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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