P04000045466

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(Address)					
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PICK-UP WAIT MAIL					
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SECRETARY OF STATE

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RACharge Theurs 11-2-09

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

•	•		507.1508, or 617.1508, Flo		
•	_		d under the laws of the Sta d agent, or both, in the Stat	•	
			· ·	•	
	the corporation: Intelli	-		loo El 22146	
2. The principal	office address: 4000 F	once De Leon,	Suite 470, Coral Gab	les, FL 33146	
					
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification:	03/12/2004	Document number:	P04000045466	
	d street address of the current of State: (If resign		at and registered office on f	ile with the	
	Arvesu, Manuel M				
	201 Alhambra Circ	cle, Suite 502		TIM OCT 29 SECRETARY	
	Miami, FL 33134			E ASS	
6. The name and street address of the new registered agent (if changed) and /or registered office? (if changed):					
	Bruce Lamchick			RIGA 26	
	9200 S. Dadeland Blvd., Suite 518				
P.O. Box NOT acceptable					
	Miami, FL 33156				
The street address changed will	ess of its registered office be identical.	ce and the street add	dress of the business office	e of its registered agent,	
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 ay officer or director Signature of ay officer or director Signature of ay officer or director Printed or typed name and fille					
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflec begin notified in writin	istered agent and a isions of all statutes d accept the obliga of a change in the re g of this change.	gree to act in this capacit s relative to the proper an ition of my position as reg egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the	
Sig	nature of Registered Agent		10/18/09		
_	chalf of an entity:		, Daic		
T _i	yped or Printed Name				

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