## P07000061867

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(Requestor's Name)					
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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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FALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Intellical Services, Inc. (Name of Corporation)
DOCUMENT NUMBER: P0700061867
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:
Randy Harmat (Name of Contact Person)
Intellical Services Inc. (Firm/Company)
3415 S. Main St. Unit I. (Address)
Santa Ana, CA 92707 (City/State and Zip Code)
For further information concerning this matter, please call:
Randy Harnat at (714) 560-109 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2007

RANDY HARMAF INTELLICALL SERVICES, INC. 3415 S. MAIN STREET, UNIT I SANTA ANA, CA 92707

SUBJECT: INTELLICALL SERVICES, INC.

From:

Ref. Number: P07000061867

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6905.

Theima Lewis
Document Specialist Supervisor

Letter Number; 007A00069741

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

statement of char	provisions of sections 607.0502, 61 ngc is submitted for a corporation or r to change its registered office or t	organized under the laws of the St	atc of Florida
1. The name of th	he corporation: Intellie	all Services Inc.	
2. The principal of	office address: 2417 NL	V Pine Avenue FL 34475	· <u> </u>
3. The mailing ac	ddress (if different):		
4. Date of incorp	poration/qualification: 5 /23/	07 Document number:	Po7000061367
5. The name and Florida Depart	street address of the current registe tment of State:	ered agent and registered office on	file with the
	BizFilings		
	S040 Excels	ion Dr. Ste. 200	
	Madison, W	I 53717	
6. The name and (if changed):	Randy H	d agent (if changed) and /or registe	FILI FILIARY ALLAHASSI ALLAHASSI
	2417 NW F	line Avenue	— FOR SE
	Ocala, FL	34475	
The street address	ss of its registered office and the be identical.	street address of the business off	
Such change va- authorized by the	s authorized by resolution duly ac e board, or the corporation has bo	dopted by its board of directors over notified in writing of the char	r by an officer so age.
(Signatur	re of a gracer or director	Rauly Har (Printed or typed to	not President
I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment as registered age o comply with the provisions of a d am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capac ll statutes relative to the proper of he obligation of my position as re e in the registered office address, nange.	ity, and complete performance gistered agent. Or, if this I hereby confirm that the
		12/3/07	·
(Signing on beh	mature of Acgistered Agent) half of an entity:	(Date)	
	rund or Bristed Name		
(1)	yped or Printed Name)		

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