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Certified Copies	Certificates of Status		
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C. GOLDEN
JUL 1 0 2017

COVER LETTER

	FO: Amendment Section Division of Corporations				
SUBJE	CT: INTELIOPT, INC. Name of Corp	oration			
DOCU	MENT NUMBER: <u>P08000053342</u>				
The enc	closed Statement of Change of Registered Office/A	gent and fee are submitted for filing.			
Please r	return all correspondence concerning this matter to	the following:			
	Sylwia Panko Name of Contact	r Person			
	INTELIOPT, Inc Firm/Comp	any			
	16413 TURNBUI Address	RY OAK DR			
	ODESSA, FL 33 City/State and 2	S56 Cip Code			
	spanko@intelio E-mail address: (to be used for futu	pt.com re annual report notification)			
For furt	ther information concerning this matter, please call	:			
	Sylwia Panko Name of Contact Person	at (813) 781-4138 Area Code & Daytime Telephone Number			
Enclose	ed is a \$35.00 check made payable to the Departme				
	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			

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 S statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of F	FLORIDA		
1. The name of the corporation: <u>INTELIOPT</u> , Inc.			
2. The principal office address: 16413 TURNBURY OAK DR.			
ODESSA, FL 33556			
3. The mailing address (if different): N/A		-	
4. Date of incorporation/qualification: 06/01/2008 Document number: P08000	053342		
5. The name and street address of the current registered agent and registered office on file wit Florida Department of State: (If resigned, enter resigned)	th the		
Sylwia Panko		2 ≘17	
16413 Turnbury Oak Dr	AHA AHA		
Odessa, FL 33556		င်္မ	
6. The name and street address of the new registered agent (if changed) and /or registered officianged):		P# 1:3	0
Sylwia Panko	>	7	
3030 N Rocky Dr. W. Suite #150 P.O. Box NOT acceptable			
Tampa, FL 33607			
The street address of its registered office and the street address of the business office of its as changed will be identical.	registered	agen	ιί,
Such change was authorized by resolution duly adopted by its board of directors or by an o authorized by the board, or the corporation has been notified in writing of the change.	fficer so		
SYLWIA PANKO / CHAIRMAN Signature of an officer or director SYLWIA PANKO / CHAIRMAN 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 comp performance of my duties, and I-am familiar with and accept the obligation of my position agent. Or, if this document is being filed merely to reflect a change in the registered office hereby confirm that the corporation has been notified in writing of this change.	olete as registere address, I	ed	
Signature of Registered Agent 07/01/2017 Date			
If signing on behalf of an entity:			
SYLWIA PANKO Typed or Printed Name			

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