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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 7, 2011

JAMES W RYAN OCALA SMART TRANSPORTATION 74 LONE PINE ST HOMOSASSA, FL 34446

SUBJECT: OCALA SMART TRANSPORTATION INC.

Ref. Number: P10000021785

We have received your document for OCALA SMART TRANSPORTATION 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):

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.



Please list only on registered agent name in block #6. That person must sign as registered agent below.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 911A00000733

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Ocala Smart Transportation (Name of Corporation)		
DOCUMENT NUMBER: P1 00 000 21785		
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:		
Tames W Ryan (Name of Contact Person)		
Ocala Smart Transportation (Firm/Company)		
74 Lone Pine St. (Address)		
Honosassa FC 34446 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Tames Ryan (Name of Contact Person)  at (352) 503-6364 (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

## 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: Ocala Smart Transportation Inc.
2. The principal office address: 74 Lone Pine St.  Homosassa, FL 34446
3. The mailing address (if different):
4. Date of incorporation/qualification: March 10, 2010 Document number: P100000 21785
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)
Spiegel & Utreia, P.A.
1840 Caral ways 4th FL. ST.
Miami/FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
James WRyan
174 Lone Pine St (P.O. Box NOT acceptable)
Homosassa FL 34446
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.
Margaret L. Ryan-Treasurer  (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.
(Signardre of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name)

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

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