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R. WHILE

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Intermatica inc Name of Corporation			
DOCUMENT NUMBER: \$\infty 160000 480 19			
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			
Intermatica Inc Firm/Company			
6320 NW 114 AV #1203 Address			
BOrol Fl /33173. City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (786) 556-2415 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 Street Address: Amendment Section Division of Corporations Clifton Building			

Tallahassee, FL 32314

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 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this 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 Florida.
1. The name of the corporation: <u>Lntermatica Lnc.</u>
2. The principal office address: 6320 NW 114 AV #1203.
Poral F1 /33178.
3. The mailing address (if different):
4. Date of incorporation/qualification: 06-01-7016 Document number: P16000043010
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)
tidgai Tones.
1781 NE 1824 24.
North Migmi Beach IT, 331R.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
6320 NM TTA VN # 1503 = = = = = = = = = = = = = = = = = = =
Doral F1 / 33173.
P.O. Box NOT acceptable
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.
-Al-2 Edgar Torres
Signature of an officer or director Printed by 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.
-175 03-01-5016.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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

MAKE CHECKS DAVABLE TO ELODIDA DEDARTMENT OF S

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)