

P302/15

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

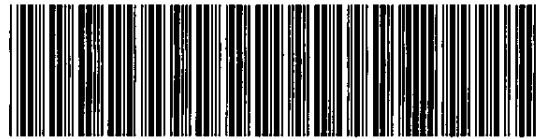
(Document Number)

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Certificates of Status _____

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2010 OCT -4 A 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

No Change
Thanks
10-5-10

COVER LETTER

RECEIVED
10 OCT -4 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: INTOMM, INC
Name of Corporation

DOCUMENT NUMBER: P30215

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:

Mark Bines
Name of Contact Person

Intomm, Inc.
Firm/Company

2600 Maitland Center Parkway, Suite 350
Address

Maitland, Florida 32751
City/State and Zip Code

mbines@frchomes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Bines at (407) 862-3000 x109
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

**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 Delaware _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Intomm, Inc.
2. The principal office address: 2600 Maitland Center Parkway, Suite 350
Maitland, Florida 32751
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/19/1990 Document number: P30215

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)

Mark Bines

101 Wymore Road, Suite 400

Altamonte Springs, Florida 32714

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Mark Bines

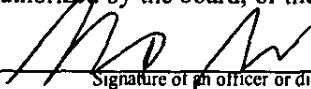
2600 Maitland Center Parkway, Suite 350

P.O. Box NOT acceptable

Maitland, Florida 32751

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.


Signature of an officer or director

Mark Bines, President

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.


Signature of Registered Agent

09/17/2010

Date

If signing on behalf of an entity:

Mark Bines

Typed or Printed Name

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

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

CR2E045 (8/05)

FILED
2010 OCT -14 A 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA