

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Smart Ride, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** www.smartridetechs.com

**Address of Service Provider:** 509 Live Oak Street, Edgewater, FL

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Heather Bond Vargas, Esq.

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
P.O. Box 2491, Daytona Beach, Florida 32115

**Telephone Number of Designated Agent:** 386-255-8171

**Facsimile Number of Designated Agent:** 386-944-7964

**Email Address of Designated Agent:** heather.vargas@cobbcole.com

**Signature of Off**  **Representative of the Designating Service Provider:**  
Date: 12-10-15

**Typed or Printed Name and Title:** Brian Peterson

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
Made Payable to the Register of Copyrights.**

**\*Note: Current and adjusted fees are available on the Copyright website at  
[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)**

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