

F15000003945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

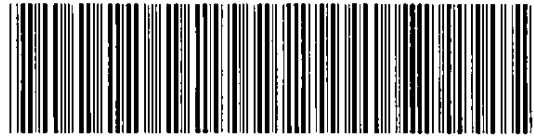
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



600300877816

FILED  
JUN 29 2017  
CLERK OF COURT

FILED  
JUN 30 2017  
CLERK OF COURT

1A ✓  
CH

JUN 30 2017

D CONNELL

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 6/29/17**

**NAME: PSIGEN SOFTWARE, INC**

**TYPE OF FILING: CHANGE OF AGENT**

**COST: 35.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

---

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: PSIGEN Software, Inc.

Name of Corporation

DOCUMENT NUMBER: F15000003945

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:

Joelle Churik

Name of Contact Person

Unisearch, Inc.

Firm/Company

6420 Double Eagle Drive, #307

Address

Woodridge, IL 60517

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joelle Churik

Name of Contact Person

at 844 437-3663

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: PSIGEN Software, Inc.  
2. The principal office address: 500 Lanier Road, Bldg 1, Suite B  
Madison, AL 35758  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/08/2015 Document number: F15000003945

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)

NRAI Services, Inc.  
1200 South Pine Island Road  
Plantation, FL 33324

FILED  
SEP 11 2015  
TALLAHASSEE, FL  
1509

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

Unisearch, Inc.  
155 Office Plaza Drive  
P.O. Box NOT acceptable  
Tallahassee, FL 32301

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.

Bruce Hensley  
Signature of an officer or director

Bruce Hensley, CEO  
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.*

Joelte Churik  
Signature of Registered Agent

6/24/17  
Date

If signing on behalf of an entity:  
Joelte Churik, Asst. Secretary  
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