

L14000172602

(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



500267285225

12/31/15--01033--008 **35.00

FILED
15 DEC 30 AM 11:57
SECURADO
TALLAHASSEE, FL

DEC 31 2015

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STIMULATING SOFTWARE, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Fleming

Name of Person

STIMULATING SOFTWARE, LLC

Firm/Company

1950 5th Suite 100

Address

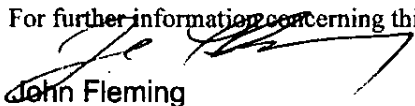
San Diego, CA 92101

City/State and Zip Code

ceo@tgn.co

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

For further information concerning this matter, please call:


John Fleming

Name of Person

at () 001.619.772.9625

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

FILED
15 DEC 30 AM 11:57
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: STIMULATING SOFTWARE, LLC

2. (a) 1950 5th Suite 100
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
San Diego, CA 92101

(b) 1950 5th Suite 100
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
San Diego, CA 92101

3. 11/05/2014
Date of filing/registration in Florida

4. L14000172602
Document number

5.(a) NICOLLE O SWARTZ,
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

154 GULL AIRE BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

OLDSMAR, FL 34677

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Business Filings Incorporated

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

JOHN FLEMING
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature] Asst. Secretary For Business Filings
Signature of Registered Agent Incorporated

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00