

M07000000910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

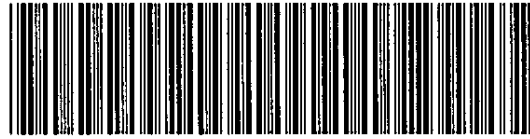
(Business Entity Name)

(Document Number)

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

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08/21/15--01010--008 \*\*35.00

FILED  
2015 AUG 21 PM 3: 22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 03 2015  
J. HARRIS

August 14, 2015

**VIA US MAIL**

Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **EXACT SOFTWARE NORTH AMERICA, LLC**

Dear Sir or Madam:

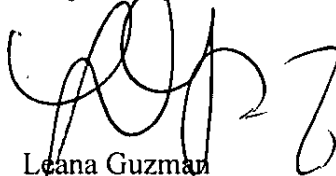
On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,



Leana Guzman  
REGISTERED AGENT SOLUTIONS, INC.  
1701 Directors Blvd., Suite 300  
Austin, TX 78744

**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: EXACT SOFTWARE NORTH AMERICA, LLC

2. (a) 8800 Lyra Drive (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*  
Suite 43240  
Columbus, OH 43240

3. 02/16/2007 4. M07000000910  
 Date of filing/registration in Florida Document number

5. (a) CAPITOL CORPORATE SERVICES, INC.  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 OFFICE PLAZA DRIVE  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
SUITE A  
TALLAHASSEE, FL 32301

(b) REGISTERED AGENT SOLUTIONS, INC.  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Dr.  
NEW Registered Office Address:  
Suite A  
Tallahassee, FL 32301

FILED  
 2015 AUG 21 PM 3:22  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

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

Robin W Foster, Manager Secretary  
 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] Jaclyn Wright, Asst. Secretary  
 Signature of Registered Agent

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

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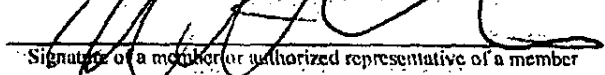
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TALLAHASSEE, FL 32301

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(b) REGISTERED AGENT SOLUTIONS, INC.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

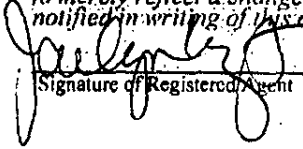
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**NEW Registered Office Address:**  
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Signature of a member or authorized representative of a member

Robin W Foster, Manager Secretary  
Printed or typed name of signee

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Signature of Registered Agent  
Jaclyn Wright, Asst. Secretary

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