

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Cartifical Coming Cartification of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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01/17/17--01027--011 **35.00

JAN 23 2017 R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: January 12, 2017

Order#: 450688/004

Re: SOE SOFTWARE CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statu on organized under the laws of the State of Flor	rida
		or registered agent, or both, in the State of Flori	da.
	he corporation: SOE Software C		
2. The principal	office address: 5426 Bay Center	Drive, Suite 525, Tampa, FL 33609	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/20/200	Document number: P02000102	248
	I street address of the current regitment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	he
	National Registered Agents, Inc	C	
	1200 South Pine Island Road		,
	Plantation	FL 33324	17.00
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	JAN 17
	Corporation Service Company		The second of th
	1201 Hays Street		
	P.O. Tallahassee	Box NOT acceptable FL 32301	ूम क
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its reg	gistered agent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an office been notified in writing of the change.	er so
Xie 8	2 Coni	Jill Cilmi, Vice President	
Signatu	re of an officer or director	Printed or typed name and title	
I further agree a performance of agent. Or, if the hereby confirm	to comply with the provisions of my duties, and I am familiar wi is document is being filed merel	gent and agree to act in this capacity. all statutes relative to the proper and complet th and accept the obligation of my position as y to reflect a change in the registered office ac otified in writing of this change.	registered
	ce C-Kuby	01/11/2017	
Sig	nature of Registered Agant	Date	
If signing on be	half of an entity:		
	, Assistant Vice President		
T	yped or Printed Name		

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