

P07000104054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

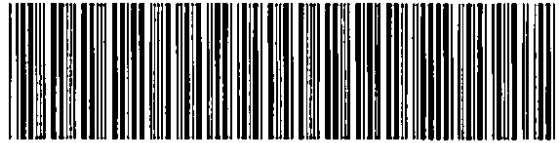
(Business Entity Name)

(Document Number)

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JAN 15 2019
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Select Sophware, Inc.
Name of Corporation

DOCUMENT NUMBER: P07000104054

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:

Kathleen Griffiths
Name of Contact Person
Select Sophware, Inc.
Firm/Company
1204 S. Broad St
Address
Brooksville, FL 34601
City/State and Zip Code
kathleen.griffiths@sg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Griffiths at (352) 799-1490
Name of Contact Person 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

FILED STATE
CORPORATIONS
DIVISION
MAY 17 2017
TALLAHASSEE, FL

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Select Sophware, Inc. / dba Select Group, Inc

2. The principal office address: 1204 S. Broad Street
Brooksville, FL 34601

3. The mailing address (if different): _____

4. Date of incorporation/qualification: September 18th 2007 Document number: P07000104054

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)

Kathleen Griffiths
19646 Autumn Oak Ln
Brooksville, FL 34601

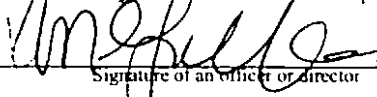
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kathleen Griffiths
1204 S. Broad St
P.O. Box NOT acceptable
Brooksville, FL 34601

12 JAN 7 PM 5:17
STATE DEPT OF CORP
CORPORATION

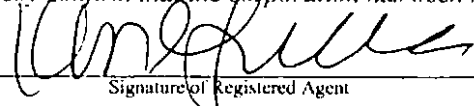
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

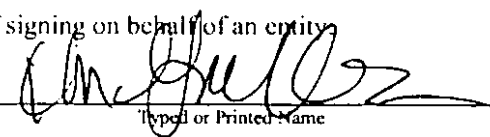

Signature of an officer or director

Kathleen Griffiths
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.


Signature of Registered Agent

12/31/2018
Date

If signing on behalf of an entity

Typed or Printed Name

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