

P15000067643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

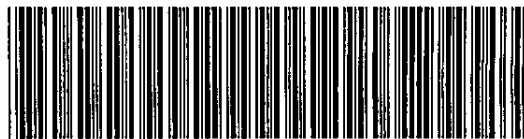
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMMEX

JAN 31 2016

RC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FCM Software, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P15000067643

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:

Arthur Ianuzzi

Name of Contact Person

FCM Software, Inc.

Firm/Company

15350 Amberly Drive #4514

Address

Tampa, FL 33647

City/State and Zip Code

art@ianuzzi.us

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

For further information concerning this matter, please call:

Arthur Ianuzzi

Name of Contact Person

at (352) 283-5873

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

1. The name of the corporation: FCM Software, Inc.  
2. The principal office address: 15350 Amberly Drive #4514 - Tampa, FL 33647

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 8/11/2015 Document number: P15000067643

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)

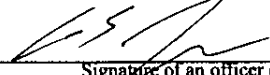
Arthur Ianuzzi  
2524 Upson Avenue  
Lorida, FL 33857

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

Arthur Ianuzzi  
15350 Amberly Drive #4514  
P.O. Box NOT acceptable  
Tampa, FL 33647

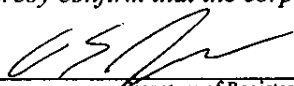
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

President  
\_\_\_\_\_  
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

1/25/2017  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Arthur Ianuzzi  
\_\_\_\_\_  
Typed or Printed Name

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