

L11 0000 39394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

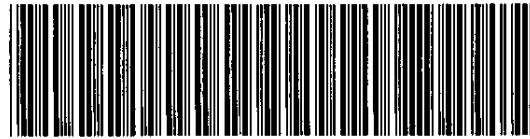
L11-39394

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600240011946

09/26/12--01020--010 **35.00

FILED
12 OCT 17 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 17 2012

Attn: Neysa Culligan

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parishsoft 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:

William Pressprich
Name of Person

Parishsoft LLC
Firm/Company

825 Victors Way, Ste 200
Address

Ann Arbor, MI 48198
City/State and Zip Code

wpressprich@parishsoft.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Distelzweig at (866) 930-4774 x 147
Name of Person 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



RECEIVED OCT - 9 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2012

WILLIAM PRESSPRICH
825 VICTORS WAY
SUITE 200
ANN ARBOR, MI 48108

SUBJECT: PARISH SOFT LLC
Ref. Number: L11000039394

We have received your document for PARISH SOFT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 812A00024165

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Parishsoft LLC
2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) 825 Vectors Way, Ste 200
Ann Arbor, MI 48108
(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**) 825 Vectors Way, Ste 200
Ann Arbor, MI 48108
L11000039394
3. Date of filing/registration in Florida: March 31, 2011
4. Document number: L11000039394
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Timothy J Dockery
Registered Office Address: 101 La Peninsule Blvd
Naples, FL 34113
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Pamela E. Burke
NEW Registered Office Address: 831 Azure Rd
(**MUST BE FLORIDA STREET ADDRESS**) Venice, FL 34293

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.

William Pressprich
Signature of a member or authorized representative of a member

William Pressprich
Printed or typed name of signer

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 608, 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.

Pamela E. Burke
Signature of Registered Agent

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