

F01000001985

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(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
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Special Instructions to	Filing Officer:	
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Office Use Only



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SEURETARY OF STATE
FALLAHASSEE, FIRBIT

ero or i

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

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State		is	
· · · · · · · · · · · · · · · · · · ·	ange is submitted for a corporation organized under the laws of the State of $\overline{{ m Del}}$ er to change its registered office or registered agent, or both, in the State of Flor			-
1. The name of	the corporation: Numara Software, Inc.			
2. The principal	office address: 2202 N. Westshore Blvd. / Tampa / FL / 33607			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 04/12/2001 Document number: F010000019	85		
	street address of the current registered agent and registered office on file with tement of State:	he	· · · · · ·	
	Corporate Service Company	ECRI	9	***
	1201 Hays Street		JN -2	Ē.
	Tallahassee, FL 32301	EE.		ř
6. The name and (if changed):	The two transfers of the control of	STATE LORIDA	AM II: 10	כ
	c/o C T Corporation System, 1200 South Pine Island Road			
	(P.O. Box NOT acceptable)			
	Plantation, Florida 33324			
_	ss of its registered office and the street address of the business office of its rebe identical. sauthorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.		i agen	i,
	e of an officer or director) (Printed or typed name and title)			
I hereby accept if further agree to of my duties, and document is heir corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and comple I am familiar with and accept the obligation of my position as registered as filed merely to reflect a change in the registered office address, I hereby cheen natified in writing of this change.	ete perfo gent. O confirm	ormand r, if th that th	ce is e
_	5/22/06			
(Sign	nature of Registered Agent) (Date)			
If signing on bel	Peter F. Souza Assistant Secretary			
C T Corporation 8	·			
τ <u>, (T</u>)	ped or Printed Name)			
, , , , ,	* * * FILING FEE: \$35.00 * * *			
Ma	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE IL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 323	14		

PL006 - 09/14/2005 C T System Online

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