Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email | Address: | | | |
|-------|----------|--|--|--|

REGISTERED AGENT CHANGE OLIVE SOFTWARE, INC.

| Certificate of Status | 0 |
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Corporate Filing Menu

Help

CR2F045 (03/12)

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

| statement of cha | ange is submitted for a co | orporation organized und | 08, or 617.1508, Florida S er the laws of the State of] it, or both, in the State of F | <u>DELAWAR</u> |
|---|--|---|--|--|
| 1. The name of | the corporation: OLIV | <u>'E SOFTWARE,</u> | INC. | |
| | office address: <u>3033 \$</u> , CO 80114 | S PARKER ROAD S | TE 502 | |
| | address (if different): | | | |
| 4. Date of incor | poration/qualification: _ | 3/17/2007 | cument number: F070 | 00004113 |
| | d street address of the curtment of State; (If resign | | registered office on file wi | th the |
| | NRAI SERVICES, | INC. | | |
| | 1200 SOUTH PIN | IE ISLAND ROAD | | |
| | PLANTATION | FL | 33324 | |
| 6. The name and (if changed): | cay d street address of the ne | Sum w registered agent (if char | za com nged) and /or registered off | Dice |
| (= = = ==). | Capitol Corporate | Services, Inc. | | |
| | 515 East Park Ave | | | |
| | Street Address Trail a haccoo | P.O. Box NOT acceptable | 22201 | |
| | Tallahassee | S | 32301 Zp Code | • |
| The street address changed will | ess of its registered office be identical. | oe and the street address o | of the business office of its | registered agent, |
| Such change was | as authorized by resolut he board, or the corpora | ion duly adopted by its bo tion has been notified in v | oard of directors or by an owniting of the change. | officer so |
| Andren | 1 S Price | | REWS. PRICE, CFO | |
| Signati | no of an officer or director | | Printed or typed name and little | |
| Lhereby accept I further agree performance of agent. Or, if th hereby confirm | the appointment as reg to comply with the prov fmy duities, and I am fan is document is being fill that the corporation ha | istered agent and agree t isions of all statutes relat niliar with and accept the ed merely to reflect a cha s been notified in writing | o act in this capacity, ive to the proper and com obligation of my position nge in the registered office of this change. | plete as registered e address, I |
| Duan | ui Case paters of Registered Agent | | 6.15.18 | |
| If signing on be | chalf of an entity: | | | |
| | Se, Asst. Secretary | on behalf of Capito | Corporate Services | , Inc. |
| | •• | * * FILING FRE: \$35.0 | 0 * * * | |
| М | | PAYABLE TO FLORIDA DE PRPORATIONS, P.O. BOX 6 | partment of State 327, Tallahassee, FL 32 | 2314 |

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