F0900003504

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APR 09 2015 T. CARTER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 26, 2015

Order#: 534994-020

Re: SOFTWARE PEOPLE INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corpor	ration organi	2, 607.1508, or 617.1508, Florida ized under the laws of the State of red agent, or both, in the State of I	Delawar	
1. The name of t	he corporation: SOFTWARE	E PEOPLE IN	NC.		
2. The principal	office address: 17 Coventry	Lane, Smith	town, NY 11787		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 09/01	/2009	Document number: F09000	003504	
	I street address of the current timent of State: (If resigned, e		gent and registered office on file w	ith the	
	Incorp Services, Inc.				
	147888 67th Court North			'	
	Loahatchee		FL 33470		SE TALI
6. The name and (if changed):	I street address of the new reg	gistered agen	t (if changed) and /or registered of	ifice	ECRETARY LAHASSI
	Corporation Service Compa	any			
	1201 Hays Street			ς.	STATI ORIU
		P.O. Box NOT a	-		N DA
	Tallahassee		FL 32301	-	
The street addre	ess of its registered office and be identical.	d the street a	ddress of the business office of it	ts register	red agent,
Such change wa authorized by th	as authorized by resolution due board, or the corporation h	uly adopted has been noti	by its board of directors or by an ified in writing of the change.	officer so	0
			Dona Priebe, Vice President		
Signitu	re of all concer or concetor		Printed or typed name and tit	ile	
I further agree is performance of agent. Or, if the hereby confirm	to comply with the provisions my duties, and I am familiar	s of all statu with and ac erely to refle	l agree to act in this capacity. tes relative to the proper and con cept the obligation of my position ct a change in the registered offic writing of this change.	n as regis	stered ss, I
By: Sile	in allegant		03/12/2015		
D igi	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Sylvia Queppe	t, Asst. Vice President				
T	yped or Printed Name				

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