RAJAR SPTWARE SERVICES INC Principal Place of Business I QD HenDiBlic &S LS FORT LANDER DALE FL 23.301 3703 2. Principal Place of Business Sulfa, Act 4. de. DO NOT WRITE IN THIS SPACE 2. COUNTY 20 COUNTY 20 COUNTY 3. SOC Confided of Status Desired PARA Address of Current Registered Again. KELLEY, KESIN IDD HENDIBLES IS FORT LANDER DALE FL 33301 3703 City FL 100 HENDIBLES IS FORT LANDER DALE FL 33301 3703 City FL 20 Name and Address of Current Registered Again. KELLEY, KESIN IDD HENDIBLES IS FORT LANDER DALE FL 33301 3703 City FL 20 Name and Address of Name Registered Again. FR 20 Name and Address of Name Registered Again. Sited Address (PO, Box Number in Not Acceptable) City FL 20 Codes 8. The above rained defines Justinis this submercent for the purposes of changing in Sequence of or or registered Agent or com, in the State of Foricia. 8. The above rained defines your rained registered Agent or com, in the State of Foricia. 8. The above rained defines and the submercent for the purposes of changing in Sequence and Lander Registered Agent or com, in the State of Foricia. 8. The above rained defines and the submercent for the purposes of changing in Sequence Agent or com, in the State of Foricia. 8. The above rained defines and the submercent for the purposes of changing in Sequence Agent or com, in the State of Foricia. 8. The above rained defines and the submercent for the purposes of changing in Sequence Agent or com, in the State of Foricia. 8. The above rained defines and the submercent for the purposes of changing in Sequence Agent or com, in the State of Foricia. 8. The above rained defines and the submercent for the purposes of the Sequence Agent or com, in the State of Foricia. 8. The above rained defines and the submercent for the purposes of the Sequence Agent or com, in the State of Foricia. 8. The above rained defines and the submercent for the purposes of the Sequence Agent or com, in the State of Foricia. 8. The above rained defines and the submercent for the purposes of the		uniform Busii		rt (ubr)	FILED	
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Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. DO NOT WRITE IN THIS SPACE	100	HENDPICKS IS	100 Ite	NDRICLS IS ANDREDALE FL 3330/3703	C0068942	
City & State City & State City	2. Principal Place	e of Business	3. Mailing Address			
S. Name and Address of Current Registered Agent K.CLLEY . KD3 IN I DO HEND RICKS IS FORT LAUD IR ALL The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. ICHATURE Signat Address (PO. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. ICHATURE Signat Address (PO. Box Number is Not Acceptable) FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. ICHATURE Signat Address (PO. Box Number is Not Acceptable) FL Zip Code The corporation is eligible to satisfy its Intaingble Tax liting requirement and elects to do so. After MAY 1, 2019 Fee with be \$550.00 After MAY 1, 2019 Fee with be \$55	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
S. Name and Address of Curran Registered Agent KCLLCY . KD3 IN IDD HEND RICKS IS FORT LAUD IR ALL IDD HEND RICKS IS ID	City & State		City & State		4. FEI Number 13-333 88 60 Applied For Not Applicable	
S. Name and Address of Current Registered Agent KCLLEY . RDG in I DO HEND RICKS IS FORT LAUD CRALE FL 33301-3703 City FL Zip Code	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
Street Address (PO. Box Number is Not Acceptable) City FL Zp Code			gistered Agent	Name		
IGNATURE Determined entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. International Control of Provided Agent segment with a sport agent and star it applicable. International Control of Provided Agent segment required when recreaming) DATE		IDD HENDRICKS	IS FL 33301-3	Street Address	s (P.O. Box Number is Not Acceptable)	
The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. IGNATURE				City	FI Zip Code	
This corporation is eligible to satisfy its Intangible FILE NOW!! FEE IS \$150.05	. The above nam	ned entity submits this statement for the	ne purpose of changing its re	egistered office or registe		
Make Check Payable to Department of State Trust Fund Contribution Added to Fees	Signa This corporation	on is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$150.00	10. Flection Campaign Financing \$5.00 vp.	
THE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK	(See criteria or	n,back)	Make Check Payable	to Department of St	tate Added to Fees	
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NAME STREET ADDRESS -ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental sport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or to stee enably defect of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	E ME EET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	
illuctated off into Export or supplemental sport is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or pressee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	EET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition	
IGNATURE: 1954-385-8887	of the corporati	is report or supplemental eport is true ion or the receiver or toestee empoyed an an attachment with an address with	e and accurate and that my ted to execute this report as	ne exemption stated in Se signature shall have the required by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

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