F99000001934

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	: #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nam	ne)	
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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	LIGHTFOOT SOFTWARE COMPANY ECT: Name of Corporation				
	·				
DOC	F99000001934 JMENT NUMBER:				
The cr	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	JILL WHITE				
	Name of Contact Person				
	NATIONAL SERVICE INFORMATION INC				
	Firm/Company				
	145 BAKER ST				
	Address				
	MARION OHIO 43302				
	City/State and Zip Code				
legal@mrisoftware.com					
	E-mail address: (to be used for future annual report notification)				
For fur	ther information concerning this matter, please call:				
JILL W	710 307 0000				
	Name of Contact Person Area Code & Daytime Telephone Number				
Enclos	ed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

FL006N - 6/75/2019 Walters Kluwer Online

CR2E045 (03/12)



January 7, 2020

To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337

Sincerely,

Jill Probst
Corporate Services Department
National Service Information. Inc
145 Baker St
Marion, Ohio 43302
jill@nsii.net

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

statement of cho	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{K}{2}$ are to change its registered office or registered agent, or both, in the State of Fl	Y	
	the corporation: LIGHTFOOT SOFTWARE COMPANY	oriau.	
	office address: 28925 Fountain Parkway Solon, OH 44139		
3. The mailing a	iddress (if different):		
4. Date of incorp	incorporation/qualification: 04/09/1999 Document number: F99000001934		
	street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)	n the	
	Registered Agent Solutions, Inc.		
	155 Office Plaza Dr Suite A	2020 J. 113	
	Tallahassee, FL 32301	سده ت	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic	13 PH	5-3
	NRAI Services, Inc.	<u>ن</u>	- 62
	1200 South Pine Island Road	90	
	P.O. Box NOT acceptable Plantation, Florida 33324		
The street addre	ss of its registered office and the street address of the business office of its rebe identical.	egistered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an off e board, or the corporation has been notified in writing of the change.	ficer so	
· · · · · · · · · · · · · · · · · · ·	Roman Toluman VP.	Finnce	
I hereby accept to I further agree to performance of to agent. Or, if this hereby confirm t	the appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and comploing duties, and I am familiar with and accept the obligation of my position as a document is being filed merely to reflect a change in the registered office a hat the corporation has been notified in writing of this change.		
By: Lii	rvices, Inc. UUUU 1-7-2020 ature of Registered Agent Date		
,			
If signing on beh			
Ji [[Typ	White Asst. Secretury Ded or Printed Name		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)