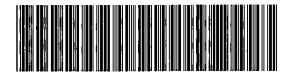
## 

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
· ·	,	
(Cit	ty/State/Zip/Phone	∋#)
PICK-UP	☐ WAIT	MAIL
(P.)	nin na Fukita klau	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	•	

Office Use Only



000213505820

10/24/11--01014--008 \*\*25.00

1 OCT 24 AM II : 18

KBALY EXAMINER OCT 26 2011

## **COVER LETTER**

Division of Corporations	
SUBJECT:	HIPORT SOFTWARE, LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
GILYAR KRAPI	
Name of Perso	on ·
	· •
. Firm/Company	<i>'</i>
528 Bay Av	<u>e. #A</u>
. Address	
Clearwater, FI	22756
City/State and Zip	
4039828@gm E-mail address: (to be used for future	nail.com annual report notification)
For further information concerning	ng this matter, please call:
GILYAR KRAPIVNITSI	KIY at ( 727 ) 4039828
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADD	RESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	le Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for t	he following amount:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agem, or boin, in the state of 1 tortua.	
1 Name of the limited liability company:	HIPORT SOFTWARE, LLC
2. (a) Principal office address of limited liability comp	any: 528 Bay Ave. #A
(Note: MUST BE STREET ADDRESS)	Clearwater, Fl. 33756
(b) Mailing address of limited liability company:	528 Bay Ave. #A
(Note: MAY BE POST OFFICE BOX)	Clearwater, FL 33756
09/05/2003	L03000033632
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Mikhail Urubkov
Registered Office Address:	1121 DRUID RD #1508 5 5 CLEARWATER FL 33756 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
NEW Registered Agent:	GILYAR KRAPIVNITSKIY
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	528 Bay Ave. #A
(MOST BE PLOKIDA STREET ADDRESS)	Clearwater ,FL33756
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Mikhail Urubkov	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization
Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608/F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registral Agent	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)