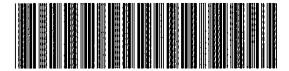
L04000044480

(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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B. KOHR

JUN - 2 2008

EXAMINER

OBMAY 30 AH 8: 14
TALLAHASSEE, FLORIDE,



IUN SERVICE COMPANY	•			
	ACCOUNT NO.	:	072100000032	(H) 80
	REFERENCE	:	513067 43233	87 W 30 K
	AUTHORIZATION	:	Louis of a me	SSE D
	COST LIMIT	:	\$ 26.00	8: 14
ORDER DATE :	MAY 30, 2008			OF C
ORDER TIME :	8:00 AM			
ORDER NO. :	513067-130			
CUSTOMER NO:	4323387			
	CHANGE OF A	.GEN	<u>T</u> .	
NAME:	PRODUCER'S SO LLC	FTW	ARE COMPANY,	
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILING:	
CERTIF XX PLAIN				
•				
CONTACT PERSON	: Kathy Drake -	- E	XT# 2959	
			EXAMINER:	

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.

1. The name of the limite	ed liability company is:	PRODUCE	R'S SOFTWARE	COMPANY, LLC				
2. The mailing address o	f the limited liability cor	mpany is :						
1200 Urban Center D	rive, Birmingham, A	L 35242						
06/11/2004			L04000044480					
3. Date of filing/registration in Florida		2	Document num	ıber				
5. The name of the registor Florida Department of	State:			on the records of the				
	·	. Johnston,	Esq.					
		st 21st Stre	et	7				
		Address	2.42	68·				
		nam, AL 35 State and Zip	242					
(The 1 - 11	•	•	~	FILED W 30 AH				
6. The name and address	of the new registered ago	ent and/or of	nce:	SET				
	Corporation S	Service Co	npany					
Address Birmingham, AL 35242 City, State and Zip 6. The name and address of the new registered agent and/or office: Corporation Service Company 1201 Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable)								
Florida street address (P.O. Box NOT acceptable)								
	<u>Tallahassee</u>	FL	32301					
	City, Sta	ate and Zip	•					
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the line or the operating agreemer (Signature of a member or author)	hange or changes are ma the registered agent will reby confirmed that the conted liability company of the firmited liability	ide, the Florid be identical change(s) wa or as otherwis company.	la street address of Or, in the case of s/were authorized	of the registered office of a Florida limited I by an affirmative vote				
Maureen Cullen, Autl								
(Printed or typed name of signee)								
I hereby accept the appoint the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	P. I /a mino	١ /	to act in this cap and complete pe n as registered a reflect a change s been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.				
	viichelle R. vannoy	ASST. V.P.						

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