Florida Descentations of State Division of Corporations Buble Access System Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : THE FLORIDA COMPANY

Account Number : I20060000001 Phone : (608)827-5300 Fax Number : (608)824-0405 RECEIVED

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DIVISION OF CURPORATION

REGISTERED AGENT CHANGE

SIRPLUSSOFTWARESALES LLC

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10/30/2006

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: SIRPLUSSOFTWARESALES LL	<u> </u>
2. The mailing address of	f the limited liability company is:	•
6450 MARK TRAIL RIVER	DALE GA 30296	
3/30/2006	L06000033733	
3. Date of filing/registrat	ion in Florida 4. Document nu	mber
5. The name of the register Florida Department of	ered agent and the registered office address as shown	on the records of the
A daren To about the or	THE FLORIDA INCORPORATING COMPANY	
	Name 1203 GOVERNORS SQUARE, STE. 101	
	Address TALLAHASSEE, FL 32301	.
	City, State and Zip	-
6. The name and address	of the new registered agent and/or office:	
	Business Filings Incorporated	_
	Name 1203 Governors Square, Ste. 101	
	Florida street address (P.O. Box NOT acceptable)	2000 TAL
	Tallahassee FL 32301	LCR OC
	City, State and Zip	HAS
and the business office of liability company, it is ing the members of the limite the operating agreement of the operation of the operat	BONNURANT	of a Florida limited the dot of an affirmative vote of ticles of organization or
I hereby accept the appointment of the comply with the provision and I am familiar with an Chapter 608, F.S. Or if the confirm address, I hereby confirm (Signgfure of Registered Agent)	intment as registered agent and agree to act in this ca s of all statutes relative to the proper and complete p d accept the obligations of my position as registered his document is being filed to merely reflect a chang that the limited liability company has been notified i	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.
DUSINGE POLICE	n of Corporations, P.O. Box 63/ Iallahassee, FI	2 32314
INHS18(10/99)	FILING FEE: \$25.00	

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