

L10000021694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

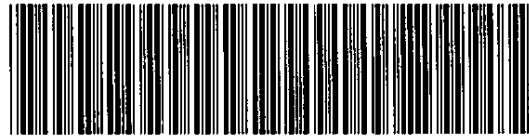
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 15 PM 1:49

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Intuitive Software LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alessandro Chiarini

Name of Person

Intuitive Software LLC

Firm/Company

701 Brickell Avenue Suite 1550

Address

Miami/FL 33131

City/State and Zip Code

isc@intuitivesystems.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alessandro Chiarini

Name of Person

at ( 305 )

371-7770

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 OCT 15 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 31, 2010

ALESSANDRO CHIARINI  
701 BRICKELL AVE  
STE 1550  
MIAMI, FL 33131

SUBJECT: INTUITIVE SOFTWARE, LLC  
Ref. Number: L10000021694

We have received your document for INTUITIVE SOFTWARE, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 910A00020891

**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. Name of the limited liability company: Intuitive Software LLC

2. (a) Principal office address of limited liability company: 701 Brickell Avenue Suite 1550

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(Note: **MUST BE STREET ADDRESS**)

Miami, FL 33131

(b) Mailing address of limited liability company: 701 Brickell Avenue Suite 1550

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(Note: **MAY BE POST OFFICE BOX**)

Miami, FL 33131

2/25/10  
3. Date of filing/registration in Florida

L10000021694  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Corporation Service Company

Registered Office Address: 1201 HAYS ST.  
TALLAHASSEE FL 32301 US

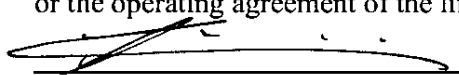
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Alessandro Chiarini

**NEW** Registered Office Address: 701 Brickell Avenue Suite 1550  
(**MUST BE FLORIDA STREET ADDRESS**)

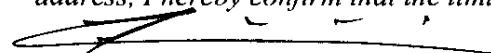
Miami, FL 33131, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Alessandro Chiarini  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FEB 25 15 PM 1:49