1100000092198

(Requestor's Name)			
- 57 Dyess 9504 Pidewick Dr. Sow, FL 32287			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
· · · · ·			
(Document Number)			
(Bootinett Namber)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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B. BOSTICK
AUG 1 0 2011
EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: Dyess Softwa Name of Limited	Liability Company		_	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for fi	iling.		
Please return all correspondence concerning this ma	atter to the following:			
J. Thomas Dyess Name of Person				
Dy ass Software, (10			
9504 Pickwick Dr.		SECKL IALLAH	11 AUG	1 3 641-240
Jax, FL 32257 City/State and Zip Code		ASSEC FO	فُ	Control of the contro
tdy E-mail address: (to be used for future annual report notification	n)	DRIDA	PH 2:40	مختلفته يوودا
For further information concerning this matter, plea	se call:			
	904, 443-7863			
Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Numb MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	er -		
Enclosed is a check for the following amo	unt:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	ř		

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: Duts	Software, LLC
2. (a) Principal office address of limited liability company	9504 Pickwick Dr.
(Note: MUST BE STREET ADDRESS)	SAX, FL 32257
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	9504 Pickwick Dr JAX, FL 32257
Sept 02, 2010 3. Date of filing/registration in Florida	
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Sandra Bryani
Registered Office Address:	13302 Winding Oaks Blue Sinte A-100 Tompa, EC 33612
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address: SThomas Pyess 9504 Pickwick Dr.
(MUSI BE FLURIDA STREET ADDRESS)	Jax ,FL 32257
If the limited liability company is not organized under the lonfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member Thomas Ducces Printed or typed name of signee	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po. Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.



July 27, 2011

ST DYESS 9504 PICKWICK DRIVE JACKSONVILLE, FL 32257

SUBJECT: DYESS SOFTWARE, LLC

Ref. Number: L10000092198

We have received your document for DYESS SOFTWARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6028.

Letter Number: 411A00017758

Barbara Bostick Regulatory Specialist II

www.sunbiz.org