

**L10000112560**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

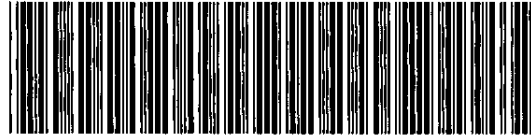
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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**12 OCT -4 PM 3:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fuzzy Squirrel 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:

Debra Truitt, Robert MAY  
Name of Person

Fuzzy Squirrel Software, LLC  
Firm/Company

11540 Beehive Ln  
Address

Port Richey FL 34668  
City/State and Zip Code

Developer@FuzzySquirrelSoftware.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Truitt  
Robert MAY at (727) 862-7422  
Name of Person 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

*PAID*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2012

DEBRA TRUITT  
11540 BEE HIVE LANE  
PORT RICHEY, FL 34668

SUBJECT: FUZZY SQUIRREL SOFTWARE, LLC  
Ref. Number: L10000112560

We have received your document for FUZZY SQUIRREL SOFTWARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 512A00024062

**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: Fuzzy Squirrel Software, LLC

2. (a) Principal office address of limited liability company: 11540 Bee Hive Ln

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

Port Richey, FL 34668

(b) Mailing address of limited liability company:

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

11540 Bee Hive Ln  
Port Richey FL 34668

10-28-2010  
3. Date of filing/registration in Florida

L10000112560  
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 STREET  
TALLAHASSEE FL 32301 US

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

**NEW Registered Agent:**

Debra TRUITT

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

11540 Bee Hive Ln  
Port Richey  
FL 34668

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.

Debra Truitt  
Signature of a member or authorized representative of a member

Debra TRUITT  
Printed or typed name of signer

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.

Debra Truitt  
Signature of Registered Agent

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

FILED  
OCT -4 PM 3:24  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE