

L11000039394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

C.M.  
8/6/14

**COVER LETTER**

Registration Section  
Division of Corporations

**TO:** ParishSOFT LLC

\_\_\_\_\_  
Name of Limited Liability Company

Adam:

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

All correspondence concerning this matter to the following:



Please return  
the enclosed  
Dear Sir,  
Sincerely,  
Steph

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Way, Ste 200

\_\_\_\_\_  
Address

\_\_\_\_\_  
Arbor, MI 48108

\_\_\_\_\_  
City/State and Zip Code

stephend@parishsoft.com

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

For further information concerning this matter, please call:

Stephen Distelzweig

at (734)

205-1000 x147

\_\_\_\_\_  
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

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SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: ParishSOFT LLC

2. (a) ParishSOFT LLC (b) ParishSOFT LLC

Principal office address of limited liability company:

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

825 Victors Way, Ste 200

Ann Arbor, MI 48108

Mailing address of limited liability company:

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

825 Victors Way, Ste 200

Ann Arbor, MI 48108

3/31/2011

3. Date of filing/registration in Florida

L11000039394

4. Document number

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

Pamela E. Burke

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

831 Azure Rd

Venice, FL 34293

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

Nancy Lambert

NEW Registered Office Address:

5739 Cayo Costa Park Ct

Jacksonville, FL 32244

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

Stephen Distelzweig

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 605, 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

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TALLAHASSEE, FLORIDA