

L11000039394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

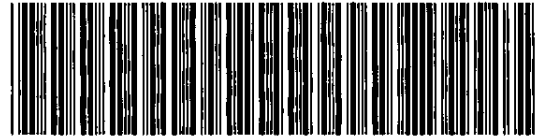
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000262455890

07/23/14--01020--010 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 23 PM 6:37

FILED

C.M.
8/6/14

COVER LETTER

Registration Section
Division of Corporations

T: 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

SU

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

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

14 JUL 23 PM 6:38

FILED

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
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
825 Victors Way, Ste 200
Ann Arbor, MI 48108
- (b) ParishSOFT LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
825 Victors Way, Ste 200
Ann Arbor, MI 48108
3. 3/31/2011
Date of filing/registration in Florida
4. L11000039394
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

FILED
14 JUL 23 PM 6:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
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]
Signature of Registered Agent