Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000248017 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC '

Account Number : I20120000007

: (702)866-2500

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address	:	
---------------	---	-------------

LLC REGISTERED AGENT CHANGE WOODCHOP SOFTWARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. CLINE

EXAMINER

Ø

Electronic Filing Menu

Corporate Filing Menu

Help

ť

H18000248017 3

COVER LETTER

oub Incer.	woo	DOCHOR	SOF	TWARE LLC	
SUBJECT:	Nan	e of Lim	ited Lia	bility Company	
Dear Sir or Madam:					
The enclosed Registered	Agent/Registered Off	ice Chang	ge and f	ee(s) are submitted for filing.	
Please return all correspo	ondence concerning th	is matter	to the f	ollowing:	,
	Nicole Acosta				
	Name of Person			_	
InC	orp Services, Inc.				; ; ;
-	Firm/Company	-			
3773 Howard	Hughes Parkway Su	ite 500S		_	2
	Address			-	ç
Las Ve	gas, NV 89169-601	4		<u>.</u>	Ç,
City	/State and Zip Code	_			
	ments@incorp.com			-	
	be used for future and			cation)	
For further information of	concerning this matter	please es	ill:		
Nicole Acosta for InC	Corp Services, Inc.	at (702) 866-2500 ext. 6925 Area Code & Daytime Telephone Nu	
. Name of	Person			Area Code & Daytime Telephone Nu	mber
STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flo	oorations Center Circle		Reg Div P.O	ILING ADDRESS: histration Section fision of Corporations Box 6327 hahassee, Florida 32314	
Enclosed is a cl	eck for the following	amount	:		
2 \$25 Filing Fe	م		□ \$5	5 Filing Fee & Certified Copy	

H18000248017 3

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

Prosuant 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.

. Na	ame of the limited liability company: WOODCHOP	SOFT	VARE LL	.C	
				Mailing address of limited liability compa	
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX	ny:)
	11624 Talis Park Way				
	Fort Wayne, IN 46845				_
	05/10/2011		L11000	055123	
	Date of filing/registration in Florida	4.		Document number	
(n)	CARLSON, LEE D				
(a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept, of S	State:	
	410 W Tropical Trce				
	Registered Office Address (MUST BE FLORIDA STREET ADDRES				
				ALICE	
	Saint Johns, FI	L	32259	23	
(h)	InCorp Services, Inc.			· 35	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office t	ddress:	÷ , çp	;
	17886 67th Court North NEW Registered Office Address:				
				_	
	Loxahatchee, FI	ī.	33470	·	
e cha	imited liability company is not organized under the la ange or changes are made, the Florida street address o	ws of the replantity	e State of gistered of	it is hereby confirmed that the chang	(c(s)
actur	are authorized by an affirmative vote of the members (of the H	milica ilavi	iffif a combant of as orger are brosse	led in
e arti ≽	icles of organization or the operating agreement of the	e impre	i maomity c	Lee Carlson	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	•
here rovisi e obl	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a e perfor ed for it hereby	ct in this c mance of n Chapter (confirm th	capacity. I further agree to comply v my duties, and I am familiar with and 605, F.S. Or, if this document is bein hat the limited liability company has	vith th l acce ng file been
Zu	Nicole Acosta on behalf of	of InCol	p Services	s, Inc.	

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