L11000121399

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J. BRYAN

AUG 3 0 2012

EXAMINER

COVER LETTER

	egistration Section vision of Corporations					
SUBJEC			arenology			
	Name of I	Jimited L	iability Comp	any		
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered C	Office Cha	ange and fee(s	a) are submitted	for filing.	
Please ret	urn all correspondence concerning	this matt	er to the follow	wing:		
	Emilio Baez					
	Name of Person					
	Softwarenology LLC				AS B	
	Firm/Company				TALLANG 29 PH 12: 54	13
					100 N	THEU
	4522 Executive Drive Suite 2	.02			0	1
	Address				# P	1.3.1
	Naples/Florida 34119				選別の	
	City/State and Zip Code					
	contact@softwarenology.co	m				
E-mail	address: (to be used for future annual report n	otification)				
For furthe	er information concerning this matt	er, please	call:			
	Emilio Baez	at (2	239)	331-010	5	
	Name of Person		Area Code &	Daytime Telephone	Number	
C.T	REET/COURIER ADDRESS:		MAILING A	nndree.		
	egistration Section		Registration S			
	vision of Corporations		Division of Co			
	ifton Building		P.O. Box 6327			
	61 Executive Center Circle		Tallahassee, F	lorida 32314		
Та	llahassee, Florida 32301					
Eı	nclosed is a check for the followin	ıg amoui	ıt:			
	\$25 Filing Fee	Γ	\$55 Filing F	Fee & Certified	Сору	

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.

- "			
Name of the limited liability company:	Softwarenology		
2. (a) Principal office address of limited liability compa	ny: 4522 Executive Drive Suite 2		
(Note: MUST BE STREET ADDRESS)	Naples Florida 34119		
(b) Mailing address of limited liability company:	4522 Executive Drive Suite 2		
(Note: MAY BE POST OFFICE BOX)	Naples Florida 34119		
October 24, 2011	L11000121399		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	n the records of the Florida Dept. of State:		
Registered Agent:	Emilio Baez		
Registered Office Address:	8184 Sanctuary Dr Unit		
	Naples Florida 34104		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:		
NEW Registered Agent:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4522 Executive Drive Suite 2027		
MOST BET BOXIDITS TREET THE DRESS,	Naples ,FL34119		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote		
Signature of a member or authorized representative of a member			
Emilio Baez Printed or typed name of signee			
	l garge to get in this canacity. I further garge to		
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, Thereby continn that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my 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

INHS18 (05/08)