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To: Division of Corporations Fax Number : (850)617-6383 Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 BISCAYNE SOFTWARE DEVELOPMENT GROUP, LLC

Certificate of Status	0
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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.

rioriaa.	ti Outslammant Croup II C
1. Name of the limited liability company: Biscayne Sc	oftware Development Group, LLC
_{2. (a)} 1900 N. Bayshore Dr.	(b) 1900 N. Bayshore Dr.
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Apt 2004	Apt 2004
MIAMI, FL 33132	MIAMI, FL 33132
03/06/2013	L13000034048
3. Date of filing/registration in Florida	4. Document number
5. (a) UNITED STATES CORPORATION AGENTS	S, INC
Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
5575 S. SEMORAN BLVD	
Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)
SUITE 36	<u>ADDRESS)</u> 20 20
ORLANDO, FI	32822 27
(h) Registered Agents Inc.	
(b) Enter name of NEW Registered Agent and/or NEW Registered	1 Office address:
	29
7901 4th St N	
NEW Registered Office Address:	
STE 300	
St. Petersburg	33702
was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the Signature of a member or authorized representative of a member. I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, notified in writing of this change.	iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in

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

Signature of Registered Agent