L13000127475

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Togki Software LLC. Name of Limited Liability Company
Name of Elimited Elabrity Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. # 35.00 already Paire
Please return all correspondence concerning this matter to the following:
\cdot
David Logan Name of Person
Jogki Softwere, LLC. Firm/Company
834 Hillside Dr. Address
Palm Harbor, FL. 34683 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Logan at (727) 543-6043
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
□ \$25 Filing Fee ★ Already INHS18 (2/14) □ \$55 Filing Fee & Certified Copy
INHS18 (2/14) Subm'++ od



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2014

DAVID B. LOGAN JOGKI SOFTWARE, LLC 834 HILLSIDE DR. PALM HARBOR, FL 34683

SUBJECT: JOGKI SOFTWARE, LLC

Ref. Number: L13000127475

We have received your document for JOGKI SOFTWARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 714A00019602

RECEIVED:

14 SEP 24 PM 12: 27

DEFENDED OF CONFORMATIONS
TALL AN ASSEE, FLORIDA

*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.

rioriae				
1. Na	me of the limited liability company: Joaki	SOF	tware, LLC.	
2. (a)	me of the limited liability company: Jog Ki 834 Hillside Pr.	_ (b)_	834 14:11	Iside Dr.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ,,,	Mailing address of limi (Note: MAY BE PO	ted liability company:
	Palm Harbor, FL. 34683		_	
				
	Date of filing/registration in Florida	_	L 13000127	1475
3.	Date of filing/registration in Florida	4.	Document numbe	r
5. (a)	United States Corporation Registered Agent and Registered Office shown on the records of the	INS A	gents, INC.	
	13302 Winding Oak Co	ourt	<u></u>	
	Registered Office Address (MUSI BE FLORIDA STREET A)	<u>VDKESS)</u>		
) • : •
	Tam Ba ,FL	33	612	F S
4.			,	4 SEP 24
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addr	<u></u>	
				H 9 P.
	834 Hillside Dr.			
	NEW Registered Office Address:			
	Palm Harbor, FL	34	1683	
If the 1	imited liability company is not organized under the law	s of the S	tate of Florida, it is hereby o	confirmed that after
the cha	ange or changes are made, the Florida street address of t	the registe	ered office and the business	office of the registered
	will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of			
the arti	icles of organization or the operating agreement of the l		bility company.	
	ture of a member or authorized representative of a member		David B. L	Ogan
			Timed of typed ham	
I nere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p	e to act ii performar	n inis capacity. I further agi ace of my duties, and I am fa	ree 10 comply with the miliar with and accept
to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change	ereby con	iapter 605, F.S. Or, ij this a ifirm that the limited liabilit	y company has been

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

Signature of Registered Agent