113000169039

(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:	
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Office Use Only Contract of



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12/24/14--01013--009 **35.00

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SECRETANT NI FLORIS
FALLAHASSEE, FLORIS

Ba chand

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ESTEBON SOFTWARE, LLC Name of Corporation
DOCUMENT NUMBER: L13000 169 039
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephan C. Espinosa Name of Contact Person
Esteban Softwore LLC Firm/Company
3703 Recreation Lake
Neples FL 34116 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
STEPhan C. Espinesca at (239) 529 6628 To Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	rovisions of section ge is submitted for to change its regist	a corporation	organized :	under the laws	s of the State	of Floric		
1. The name of th	e corporation:	Estel	α_{\sim}	SOFT	ware	LLC		· · · · · · -
	office address:	Λ						
	dress (if different):							
4. Date of incorpo	oration/qualification	12/6	2013	Document no	umber: <u>L</u> [3000 16	90	39
	street address of the ment of State: (If re		_	and registered	l office on file	e with the		
-	United	States	Cor	poralle	2 Agent	K INY		
-	13302	Windin	J 00	ok Cou	UrT 57	EA		
-	Tampa	-, FL	33	612				
6. The name and (if changed):	street address of the	e new registere	ed agent (if	changed) and	_	l office	146	
-	Step	he c	•			_ 축설 동당)EC 2	
-	3703	P.O. B	east (C)	Lable La	<u>_</u>		±- υ	
-	Nopl	ls, F	-L	3411	6		ين بې	ا العنوي د الد
The street address as changed will be	ss of its registered of	office and the	street addr	ess of the bus	iness office o	of its registere	dage	nt,
	s authorized by rese e board, or the corp		dopted by i	ts board of di I in writing of	rectors or by fthe change.	an officer so		
	Soul SY e of an officer or director	Wh		Kenda	or typed name an	HER, MI	5v_	-
I hereby accept to I further agree to performance of agent. Or, if this hereby confirm to	the appointment as o comply with the p ny duties, and I an s document is being hat the corporation	registered ago provisions of a a familiar with g filed merely of a has been not	ent and ag ll statutes and accep to reflect a ified in wr	ree to act in ti relative to the t the obligation change in the iting of this ch	his capacity. proper and on of my posi registered of ange.	complete tion as regist office address	ered , I	
Stylin	_C lsusa	gr_		12-	22-1	4		-
If signing on beh	nalf of an entity:				L LIV			
Ту	ped or Printed Name							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *