Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

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

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Email Address:_

LLC REGISTERED AGENT CHANGE SOFTWARE BUSINESS, LLC

Certificate of Status	U
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Page Count	03
Estimated Charge	\$55.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SOFTWARE BUSINESS, LLC				
SUBJECT: Name of L	imited Lia	bility Company		
Dear Sir or Madam:	•			
The enclosed Registered Agent/Registered Office Ch	ange and f	ee(s) are submitted for filing.		
Please return all correspondence concerning this mate	ter to the fo	ollowing:		
Cheyenne Moseley	-			
Name of Person			2	
Legalzoom.com, Inc.		ALLA ALLA	2019 MAR 2	
Firm/Company	i		R 2	<u> </u>
101 N. Brand Blvd., 10th Floor			5 AH	ÜĞÜ
Address		ASI 18	9.	
Glendale, CA 91203	 	चार है हैं ज़िल्ली है सम्ब	<u>ဒ</u>	
City/State and Zip Code		-		
elhorma@gmail.com				
E-mail address: (to be used for future annual re	port notific	cation)		
For further information concerning this matter, pleas	e call:			
Cheyenne Moseley	,800	773-0888 ext 9724) Area Code & Daytime Telephone Numbe		
Name of Person	1	Area Code & Daytime Telephone Numbe	1'	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount	unt:			
S25 Filing Fee	🗆 \$25 Filing Fee & Certified Copy			
INHS18 (2/14)				

⊕ 03/18/2019 10:04 AM

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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.

1. N	Name of the limited liability company:	E BUSINESS, LLC	kidajā, valdidas dala vē harppingspierojas bililikada, priesta tarps spiecola a lauksidas spiecolas.	
			gar muur washeed kaan dagan da arab dardagan dan and n matan kada dan diri Jampagan al berdi watthinand dan bas	
(Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	3886 GOLDEN MEADOW CT.	3886 GC	DLDEN MEADOW CT.	
	OVIEDO, FL 32765	OVIEDO, FL 32765		
	03/12/2015		45037	
3.	Date of filing/registration in Florida	4.	Document number	
		,	_	
5. (i	Registered Agent and Registered Office shown on the records	of the Florida Dept. of State	· ASS 35	
	UNITED STATES CORPORATION AGEN	APPRO AN FILI 2019 HAR 25 SECRETAR CALLARASS		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
	13302 WINDING OAK COURT Suite A			
	TAMPA	33612		
	TAWPA			
71			### 38 	
(0	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	•	
		1		
	SOUFIANE EL HORMA	<u> </u>	-	
	NEW Registered Office Address:			
	3886 GOLDEN MEADOW CT.	. I	•	
	OVIEDO	FL 32765	-	
the c agen	limited liability company is not organized under the hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of	laws of the State of Floring of the registered office diability company, it is softhe limited liability the limited hability contacts.	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in upany.	
	Soufiane (P Horma	SOUFIANE		
-	nature of Amember or authorized representative of a member		Printed or typed name of signee	
I he prov the o to mo	reby accept the appointment as registered agent and isions of all statutes relative to the proper and completions of my position as registered agent as proverely reflect a change in the registered office address and in writing of this change.	agree to act in this cap ele performance of my ided for in Chapter 602 { I hereby confirm that }	activ. I further agree to comply with the duties, and I am familiar with and accept. F.S. Or, if this document is being filed the limited liability company has been	
<u>el</u>	Soufians (P Horma SOU	FIANE EL HORMA		
organ	ите высекыето увен			