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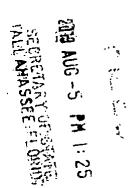
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## **COVER LETTER**

TO: Registration Section Division of Corporations DEFT SOFTWARE SOLUTIONS LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: RANDALL T GARDNER Name of Person DEFT SOFTWARE SOLUTIONS LLC Firm/Company 4302 SANTA BARBARA BLVD, UNIT 13 Address CAPE CORAL, FL 33914 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 581-2900 313 RANDALL T GARDNER Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☐ \$25 Filing Fee

## 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:	ame of the limited liability company: DEFT SOFTV	VARE:	SOLUTI	ONS LLC	
2. (a)	13 SANTA RAPRARA BI VO		(b) 13 SANTA BARBARA BLVD		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	CAPE CORAL, FL 33991	_	CAPE	CORAL, FL 33991	
	07/15/2019	_	L19000	182124	
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida RANDALL T GARDNER	4.		Document number	
., (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  13 SANTA BARBARA BLVD			tate:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	CAPE CORAL . FL.	33991			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- 25	
	NEW Registered Office Address:				
•	4302 SANTA BARBARA BLVD, UNIT 13			<u> </u>	
	CAPE CORAL .FL	33914		<u> </u>	
the cha agent v was/we the arti	mited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co f the lim	stered offi ompany, it oited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
				T GARDNER	
I herel provisi the obli to mere	are of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete to igations of my position as registered agent as provided by reflect a change in the registered office address. The lin writing of this change.	ve to act perform for in C ereby co	in this ca ance of m Thapter 60 onfirm tha	Printed or typed name of signee apacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	

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Signature of Registered Agent