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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number **Enter the email address for this business entity to be used for future $\overline{\mathbb{D}}_{i}^{+}$ annual report mailings. Enter only one email address please.** <u>:</u> Email Address:___ APR 28 LLC REGISTERED AGENT CHANGE PHEASANT SOFTWARE LLC Certificate of Status 0 0 Certified Copy

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APR 29 3821

M. SOLOMON

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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: PHEASANT SOFTWARE LLC							
Name of	Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this m	atter to the following:						
RILEY PARK							
Name of Person							
PHEASANT SOFTWARE LLC							
Firm/Company							
7901 4th St. N, Ste 300							
Address							
St. Petersburg, FL 33702							
City/State and Zip Code							
eastern@registeredagentsinc.com							
E-mail address: (to be used for future annual	report notification)						
For further information concerning this matter, ple	rase call:						
Riley Park	at (307) 200-2803						
Name of Person	Area Code & Daytime Telephone Number						
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:							
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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. Na	ume of the limited liability company: PHEASAN	VT S	OFTW	ARE LLC		<u>.</u>
2. (a)	4983 Covey Trail Boca Raton FL 33487	, (b)	4983 Co	vey Trail Boca Rato	on FL 33	47
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (0)		ailing address of limited hal (Note: MAY BE POST OF	bility compa	iny:
	03/05/2021	-	210001			
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	MOSHKOV, ALEXEY		- 0			
	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)				0.3
	4893 COVEY TRAIL				•	2021
	BOCA RATON FLS	33487				AFR
(b)	REGISTERED AGENTS INC. Enter name of NEW Registered Agent and/or NEW Registered Company of NEW Registered Company (NEW Registered Company) NEW Registered Office Address: STE 300	Office add	ress:		ACCESTATE OF STATE	8 km 10: 24
	St. Petersburg , _{FL}	33702				
the cha agent was/w the art	imited liability company is not organized under the law inge or changes are made, the Florida street address of to will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	he regis bility co the limi imited li	tered office inpany, it is ted liability ability com	and the business office hereby confirmed that company or as otherw pany.	e of the re the chang	:gistered gc(s)
Sign	Lexey MoshKov ture of a member or authorized representative of a member	Ale	exey wost	nkov / Organizer Printed or typed name of si	gnee	
I here provis the ob to mer notifie	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. Bill Havre - Secreta The of Registered Agent	performa for in C ereby ca	in this capa ince of my a hapter 605, infirm that t	icity. I further agree to	- n comply s	with the d accept ng filed been

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