

SEP-1-98 11:17

FROM-BUSINESS SERVICES

T-932 P.01/02 F-933

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4000

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 251-6600
Fax Number : (608) 251-6907

REGISTERED AGENT CHANGE

SOFTCENTRIC SOLUTIONS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$43.75

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation is: SoftCentric Solutions, LLC
2. The mailing address of the corporation is: 2801 Linden Tree Street, Seffner, FL 33584
3. Date of incorporation/qualification: 4/18/99 Document number: H9000006447
3. The name and address of the current registered agent and office:
Business Filings Incorporated
1 East Broward Blvd., Suite 700
Fort Lauderdale, FL 33301
4. The name and address of the new registered agent and office:
Peter T. Feldman
2801 Linden Tree Street
Seffner, FL
33584

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Peter T. Feldman
(Signature of an officer, chairman, or vice chairman of the board)

9/14/99

(Date)

PETER T. FELDMAN, CHAIRMAN
(Printed or typed name and title)

9/14/99

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Peter T. Feldman
(Signature of registered agent)

9/14/99

(Date)

If signing on behalf of an entity:

(Typed or printed name)

(Capacity)

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SEP 21 1999
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA