Requester's Name Software Systems International, L.L.C. Crystal Corporate Center 2500 North Military Trail Suite 111 400007941294---2 -09/23/02--01031--014 ******25.00 ******25.00 Boca Raton, FL 33431 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time ☐ Certified Copy Walk in Photocopy Certificate of Status Mail out ☐ Will wait **NEW FILINGS AMENDMENTS** Profit | Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Availabilit Other Merger Document Examiner OTHER FILINGS REGISTRATION/QUALIFICATION Updater Annual Report Foreign - Fictitious Name Limited Partnership

Reinstatement

Examiner's Initials

Trademark Other

Name

Updater

Verifyer

Acknowledgement

CR2E031(7/97)

W. P. Verifyer

DOC

DCC

DCC

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is:		Software Systems International, LLC		
2. The mailing address of the limited liability cor		OCOO Name Nilliam Tanii Ota 444		
Boca Raton, FL 33431	,,	-		
May 9, 2002			M02000001199	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the registered ag Florida Department of State: Busi	ent and the regist		ddress as shown o	on the records of the
1000) West Avenue,	, Suite 111	4	
Miar	ni Beach, FL 3	Address 3139 State and Zip	5	FILED 02 SEP 23 AM IO: 3 SECRETARY OF STAT TALLAHASSEE, FLORE
6. The name and address of the	new registered ag	gent and/or o	ffice:	FIL TAR TAR
Joel B. Rothman, P.L.			FILED 23 AM TARY OF JASSEE,	
2500	2500 North Military Trail, Suite 111			110:31 STATI FLORI
Flori	ida street address	(P.O. Box N	NOT acceptable)	DE -
Boca	Raton,	_{FL} 33431		
	City, St	tate and Zip		
If the limited liability company is confirmed that after the change of and the business office of the regliability company, it is hereby continued the members of the limited liability the operating agreement of the limited liability of a member of authorized representation.	or changes are magistered agent will on firmed that the lity company or a smited liability company.	ade, the Flor II be identica change(s) was otherwise ompany.	ida street address on the case of as/were authorized	of the registered office of a Florida limited I by an affirmative vote of
Joel B. Rothman				
(Printed or typed name of signee)			_	
I hereby accept the appointmen comply with the provisions of all and I amrfamiliar with and acce Chapter 608, If.S. Of, if this do address I hereby confirm that the (Signature of Registered Agent)	t as registered as l statutes relative pt the obligation cument is being f ne limited liabilit	gent and agrie to the propess of my positified to merely company h	ee to act in this caper and complete pe er and complete pe ion as registered a ly reflect a change as been notified in	pacity. I further agree to erformance of my auties, igent as provided for in in the registered office writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INH\$18(10/99)

FILING FEE: \$25.00