

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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RE-SUBMIT

Please attach original filing
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****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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**LLC REGISTERED AGENT CHANGE
PAMET SOFTWARE, LLC**

Certificate of Status	0
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14 SEP 16 AM 10:33
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September 17, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PAMET SOFTWARE, LLC
FAX FILINGC T CORPORATION SYSTEM**
HUDSON, MA 01749

SUBJECT: PAMET SOFTWARE, LLC
REF: M11000006289

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The principle and mailing addresses must be listed in sections 2(a) and 2(b).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tina D Carter
Regulatory Specialist

FAX Aud. #: H14000217741
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RE-SUBMIT

Please return corrected filing
date of submission 9/16

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14 SEP 17 PM 4:41
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: PAMET SOFTWARE, LLC

2. (a) 1 CABOT ROAD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

SUITE 220
HUDSON, MA 01749

(b) 1 CABOT ROAD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

SUITE 220
HUDSON, MA 01749

12/16/2011

M11000006289

3. Date of filing/registration in Florida

4. Document number

5. (a) Corporation Service Company

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

(b) NRAI Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Dennis J. Reinhold

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: [Signature]
Signature of Registered Agent

JOE LEE CHURCH, ASST. SECRETARY
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (2/14)

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TALLAHASSEE, FLORIDA