

MIS000008429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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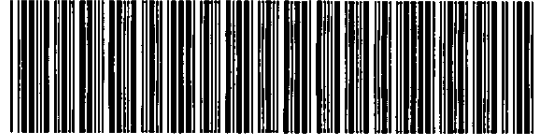
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Coast Software Systems, LLC
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:

Missy Kranz

Name of Person

Gulf Coast Software Systems, LLC

Firm/Company

PO Box 23266

Address

Minneapolis, MN 55423

City/State and Zip Code

missy.kranz@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Missy Kranz at (612) 532-2595
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

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: Gulf Coast Software Systems, LLC

2. (a) Gulf Coast Software Systems, LLC
Principal office address of limited liability company
7800 Metro Parkway, Suite 300
Minneapolis, MN 55425
(Note: MUST BE STREET ADDRESS)

 (b) Gulf Coast Software Systems, LLC
Mailing address of limited liability company
PO Box 23266
Minneapolis, MN 55423
(Note: MAY BE POST OFFICE BOX)

3. being processed
Date of filing/registration in Florida
4. being processed
Document number

5. (a) C T Corporation System
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 South Pine Island Road
Plantation, FL 33324
 (b) InCorp Services, Inc.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
17888 - 67th Court North
Loxahatchee, FL 33470

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 of a member or authorized representative of a member
Missy Kranz,
 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.

Signature of Registered Agent
Jackie W. Huppert on behalf of InCorp Services, Inc.

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 CLERK OF STATE
 TALLAHASSEE, FLORIDA