M1700003853

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: Hydra Software Developme	
Name of Foreign Limited Liabili	ty Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the fo	llowing:
Gerson Hernandez	
Name of Person	
General Corporate Services Inc.	
Firm/Company	
829 W. Palmdale Blvd #68	
Address	
Palmdale, CA 93551	
City/State and Zip Code	
gerson@companiesinc.com	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please call:	
Gerson Hernandez at (661)	310-2823
Name of Person Area Code &	è Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314
2661 Executive Center Circle Tallahassee, Florida 32301	Tattanassee, Ffortda 32314
Enclosed is a check for the following amount:	_
□ \$25 Filing Fee □ \$30 Filing Fee & ■ \$55 Filing	•
Certificate of Status Certified	Copy Certificate of Status & Certified Copy

TO: Registration Section

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Department of
State: Hydra Software Developr	ment LLC
Enter new principal office address, if applicable:	200 Biscayne Blvd Way #3804
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Miami, FL, 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	200 Biscayne Blvd Way #3804 Miami, FL, 33131
2. The Florida document number of this limited lia	ability company is: M1700003853
3. Jurisdiction of its organization: Wyoming 4. Date authorized to do business in Florida: 05 SECTION II (5-9 complete only the applicable of the limited liability company: (mus) (If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C.	changes) It contain "Limited Liability Company," "L.L.C.," or "LLC.") If for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.") The ded officer address on our records, enter the name of the new
New Registered Office Address;	Enter Florida Street Address
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	City Florida Zip ode Signistered Agent: nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LUANA GONCALVES SOARES		Add
		200 BISCAYNE BLVD WAY #3804 MIAMI, FL 33131	Remove
MGR	Thatiana Andrade Silva	Rua do Expedicionário, 186 - Bloco 05/A CEP: 88103-630 São José - SC - Brasil	pto 22 Add
			Remove
			Add
			Remove
		 -	Add
			Remove
			Add
aforemention	under the law of which this entity is orga	y the official having custody of records in	Remove STATE STATE