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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 9/11/2019	<u> </u>			
		•	₩AI	LK IN**
ENTITY NAME CLOU	JDFIT SOFTWARE, LLC			
DOCUMENT NUMBER	M18000008464			
	PLEASE FILE THE ATTACHED AND RETURN			
xxxxx	Plain Copy		21	
	Certified Copy	-	3 610	
	Certificate of Status	: -	ۯڗ	Facility (1987)
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*	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**		8: 52	
	Certified Copy of Arts & Amendments			
	Certificate of Good Standing			
	Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts	& Amer	nds.	
	APOSTILLE' / NOTARIAL CERTIFICATION			
COUNTRY OF DESTINA	1710N			
NUMBER OF CERTIFICA	ATES REQUESTED			
TOTAL OWED 25.00	снеск # ⁶⁵⁸⁶			
Please call Tina at	the above number for any issues or concerns. Thank you	so mu	ch!	

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CLOUDFIT SOFTWARE, LL	-
Name of Foreign Limited Liab	ility Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted f	or filing.
Please return all correspondence concerning this matter to the	following:
B. Lord	
Name of Person	-
Harbor Compliance	_
Firm/Company	
1830 Colonial Village Lane	
Address	
Lancaster, PA 17601	· .
City/State and Zip Code	••
E-mail address: (to be used for future annual report notificate	ion)
For further information concerning this matter, please call:	
B. Lord _{at (} 717	, 431-9157
	& 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: S25 Filing Fee S30 Filing Fee \$ \$55 Filing	ng Fee & S60 Filing Fee,

Certificate of Status

Certified Copy

Certificate of Status &

Certified Copy

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 appear	s on the records of the Florida	Department of
State: CLOUDFIT SOFTWARE, L	LC	
Enter new principal office address, if applicable:	13943 209th AVE N	E
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	Woodinville, WA 98	077
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as above	
2. The Florida document number of this limited lia		. 2
3. Jurisdiction of its organization: Kentucky		9
4. Date authorized to do business in Florida: 09/	710/2018	
SECTION II (5-9 complete only the applicable	changes)	_
5. New name of the limited liability company:		777
(mus	t contain "Limited Liability Co	mpany, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	naging members adopting the a	business in Florida and attachtas Iternate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office and agent and/or the new registered of the new registered agent and/or the new registered agent agent and/or the new registered agent	ed officer address on our record ddress here:	ls, enter the name of the new
Name of New Registered Agent;		
New Registered Office Address:		
	Enter Floria	la Street Address
		, Florida Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

	:	that change:	rdance with 605.0902 (1)(e), indicate t	changes person, title or capacity in	If the amendment ch
	of Action	Type of Act	Address	<u>Name</u>	de/ Capacity
	Add	Add			
	Remove	Rem			
	Add	Add			
	Remove	Rem			
	Augure	= =			
Re	ა ფ:	. <u>.</u>			
	Remove	Remo			
Ad	Add	Add			
Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.	Remove		official having custody of records in	iendment(s), duly authenticated l	aforementioned am

Typed or printed name of signee



The State of Washington

Secretary of State

I, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

CLOUDFIT SOFTWARE, LLC

- E

1 CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/02/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/27/2019 UBI Number: 604 495 660

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 08/27/2019

