Florida Department of State

Division of Corporations Elegtrodic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Phone : (307)200-2803 Fax Number : (855)330-1010		
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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.

L N	ame of the limited liability company: Aneto So	ftware LL	<u>C</u>
2. (a)			
	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
7	01/20/22		000001033
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			<u> </u>
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of S	tate [.] 28
	2020 CATTLEMEN RD, STE 100		2022 DEC SECRETA
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	€C-6
	SARASOTA .FL	34232	A CENTRAL CONTROL OF THE CONTROL OF
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered G		7: 40
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300	· · · · · · · · · · · · · · · · · · ·	_
	St. Petersburg	33702	
the chi agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the like that Tak	the registered off bility company, i `the limited liabi	ice and the business office of the registere t is hereby confirmed that the change(s) lify company or as otherwise provided in ompany.
Signa	nture of a member or authorized representative of a member	- they i di	Printed or typed name of signee
There provis the ob- to mer notifie	by accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided sely reflect a change in the registered office address. I had in writing of this change. Bill Havre - Assistant	verformance of n for in Chapter 6 ereby confirm th	anacity. I further agree to comply with the
	tre of Registered Agent		