

PD40DD1421041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

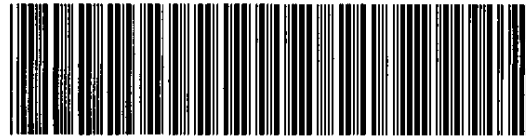
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600187482306

11/10/10--01008--013 **35.00

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
10 NOV 10 AM 10:39

Rd/chs
10 11/12/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fair Warning Software, Inc
Name of Corporation

DOCUMENT NUMBER: P 04000142641

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kurt Long
Name of Contact Person

Fair Warning Software Inc.
Firm/Company

9500 Koger Blvd, Suite 209
Address

St. Petersburg, FL 33702
City/State and Zip Code

Kurt@Fairwarningaudit.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kurt Long at (727) 576-6700 ext 101
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fair Warning Software Inc.
2. The principal office address: 9500 Koger Blvd, Suite 209
St. Petersburg FL 33702
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P04000142641

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kurt Long
1945 Carolina Avenue NE
St. Petersburg FL 33703

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kurt Long
9500 Koger Blvd, Suite 209
P.O. Box NOT acceptable
St. Petersburg FL 33702

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
10 NOV 10 AM 10:39

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Kurt Long, President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

November 4, 2010
Date

If signing on behalf of an entity:

Kurt Long
Typed or Printed Name

*** FILING FEE: \$35.00 ***