P05000012125

(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(,	
(0:1	101-1-17: /01	- 40
(Cit	y/State/Zip/Phone	₽#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
	•	·
(Do	cument Number)	
(50	ourners runnber,	
.		
Certified Copies	_ Certificates	s of Status
•		
Special Instructions to I	Filing Officer:	

Office Use Only



800180954658

05/20/10--01007--006 **35.00

TO HAY 20 AM 8: COME TARK OF STA

M. -

Jalon /210m

COVER LETTER

TO:	Amendment Division of C							
SUBJ	ЕСТ:	Ignite S	Software Inc	D.				
DOCU	JMENT NUM	BER:	P0500001	2125				
The er	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please	return all corre	espondence concerning this	matter to the fo	ollowing:				
	_	Jo	oseph Jordan					
		Name	of Contact Per	son				
			te Software Ir	nc.				
		,	min/Company					
	6951 14th Ave N							
	_		Address					
	_	Saint Pe	etersburg, FL State and Zip Co	33710				
		City/	State and Zip Co	ode				
		ceo@	gignitesoft.co	m				
	E-mail address: (to be used for future annual report notification)							
For fu	rther informati	on concerning this matter,	please call:					
	.1	oseph Jordan		727	215 2224			
		e of Contact Person	at (rea Code & Daytir	215-2334 ne Telephone Number			
Enclos	sed is a \$35.00	check made payable to the	Department of	State.				
		Mailing Address: Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Street Address: Amendment Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle			

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

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organiz er to change its registered office or register.	ed under the laws of the State o	$_{of}$ Flo	orida	<u>-</u>	_
1. The name of	the corporation: Ignite Software Inc	D.	•			
2. The principal	office address: 6951 14TH AVE N.					
	address (if different):			•		
4. Date of incor	poration/qualification: 01/24/2005	Document number:	P05	500001	212	5
	d street address of the current registered age rtment of State: (If resigned, enter resigned))	with t	the		
	13302 WINDING OAKS BLVD, S					
	TAMPA FL 33612-3425 US			SEC	70	
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered	office	AHASSE	MAY 20	FIL
	Joseph Jordan			THE STATE OF	7	ΕD
	6951 14TH AVE N. P.O. Box NOT	acceptable		STATE LORIDA	8: 3 L	
	SAINT PETERSBURG, FL 33710)				
The street address changed will	ess of its registered office and the street a	ddress of the business office o	of its r	egistere	d ager	nt,
=	as authorized by resolution duly adopted he board, or the corporation has been noti					
Signati	reothn officer or director	Joseph Jordan, Printed or typed name ar		ident		_
\sim	t the appointment as registered agent and to comply with the provisions of all statum of a land accept the obliging filed merely to reflect a change in the sheen notified in writing of this change.	**		ete perf agent. C confirm	ormar r, if t that t	nce his he
Sid	enatule of Registered Agent	May 17, 20	010			_
If signing on be	chalf of an entity:					
	Typed or Printed Name					
	* * * FILING FEE	E: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)