P06000095609

(Rec	uestor's Name)			
(Address)				
(Add	lress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	filing Officer:			

Office Use Only



800252094978

10/02/13--01009--006 **35.00

FILED

13 OCT -2 PH 12: 06

SECRETARY OF STATE
ASSEE, FLORID

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	TECT: 8800 Software, Inc. Name of	Corporation
DOC	UMENT NUMBER: 159904	····
The e	nclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this mat	ter to the following:
	Louis Ric	chner ontact Person
	Name of C	onfact reison
	Firm/C	Company
	3324 Re	d Ash Circle
		dress
	Oviedo, F	Florida 32766
	City/State	and Zip Code
	frichner@64	158800.com
		future annual report notification)
For fi	urther information concerning this matter, please	e call:
	Louis Richner	at (787) 645-8800 전光
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the Depa	
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations >>
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	1 analiassee, FL 32314	Tallahassee, FL 32301



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

Pursuant to the provisions of section statement of change is submitted for				
		d agent, or both, in the State of I		
1. The name of the corporation:	8800 Software,	nc.		
2. The principal office address: 3324 Red Ash Circle, Oviedo Florida 32766				
3. The mailing address (if different)	x			
4. Date of incorporation/qualification	on: _ July 19, 2006	Document number: Powo	xxxxxxxxx	7
5. The name and street address of the Florida Department of State: (If r		nt and registered office on file w	ith the	
	Spiegel & Utrera	a, P.A.		
1840 \$	Southwest 22 Street	, 4th Floor		
4-17-5-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Miami, Florida	33145		
6. The name and street address of the (if changed):	ne new registered agent (if changed) and /or registered of	fice	
	Louis Rich	ner		
	3324 Red Asl	n Circle		
	P.O. Box NOT acc			
	Oviedo Florio	da 32766		
The street address of its registered as changed will be identical.	office and the street add	dress of the business office of it	s registered agen	ıt,
Such change was authorized by resauthorized by the board, or the con	solution duly adopted by poration has been notifi	its board of directors or by an ed in writing of the change.	i 1.1	
2		Louis Richner, Presiden		T
Signature of an officer or director I hereby accept the appointment as I further agree to comply with the performance of my duties, and I an agent. Or, if this document is bein hereby confirm that the corporatio	s registered agent and a provisions of all statute n familiar with and acco g filed merely to reflect	s relative to the proper and con ept the obligation of my position a change in the registered offic	nplete P	FED
		Louis Richner	5	
Signature of Registered Agen	1	Date		
If signing on behalf of an entity:				
Typed or Printed Name	 			

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