

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
LUNO SOFTWARE, INC.**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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*RIA-CH*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LUNO SOFTWARE, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** P10000018849

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:

CHEYENNE MOSELEY

\_\_\_\_\_  
Name of Contact Person

LEGALZOOM.COM, INC.

\_\_\_\_\_  
Firm/Company

101 N BRAND BLVD., 11TH FLOOR

\_\_\_\_\_  
Address

GLENDAL, CA 91203

\_\_\_\_\_  
City/State and Zip Code

jdhamilton@mac.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHEYENNE MOSELEY, LEGALZOOM.COM, INC. at ( 800 ) 773-0888 ext 9724  
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 FL \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: LUNO SOFTWARE, INC.
2. The principal office address: 12512 Hyanis Ct., Orlando, FL 32828
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/02/2010 Document number: P10000018849
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)

UNITED STATES CORPORATION AGENTS, INC.

13302 WINDING OAKS BLVD. SUITE A-100

TAMPA, FL 33612

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

UNITED STATES CORPORATION AGENTS, INC.

13302 WINDING OAK COURT, SUITE A

P.O. Box NOT acceptable

TAMPA, FL 33612

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

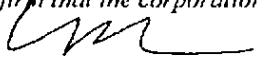
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

JEFFREY HAMILTON, 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 of Registered Agent

4/24/2018  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

CHEYENNE MOSELEY, ASSISTANT SECRETARY, ON BEHALF OF UNITED STATES CORPORATION AGENTS, INC.

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

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