P10000053590

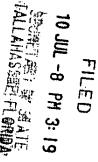
(Reques	tor's Name))
(Address	5)	***
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PICK-UP] WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Filing	Officer:	
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COVER LETTER

NOTE THAT THIS IS A CHANGE OF ADDRESS ONLY REGISTERED AGENT AND CORPORATION OFFICERS REMAIN THE

Amendment Section Division of Corporations

SUBJECT:	Authority Softw	are Corporation	on	
	Name o	of Corporation		
DOCUMENT NUMBER	<u>:</u> Р	10000053590		<u>.</u>
The enclosed Statement o	f Change of Registered O	ffice/Agent and fee	are submitted	for filing.
Please return all correspon	ndence concerning this ma	atter to the following	g:	
		alie Perez		
	Name of	Contact Person -	1	
		ftware Corporation	on '	
	Firn	n/Company		
	7154 N Univer	sity Drive, Suite Address	211	
	Tamar: City/Stat	ac, FL 33319 te and Zip Code		_
E-ma	natalieper	ez@email.com or future annual re	port notifica	tion)
For further information co	oncerning this matter, plea	ase call:		
	lie Perez	at (954		907-2453
Name of C	Contact Person	Area Cod	le & 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

statement of chang	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: Authority Software Corporation
	fice address: 7154 N University Drive, #211, Tamarac, FL 33319
3. The mailing add	lress (if different):
4. Date of incorpor	ration/qualification: 6/25/10 Document number: P10000053590
	treet address of the current registered agent and registered office on file with the nent of State: (If resigned, enter resigned)
<u>1</u>	Natalie Perez
5	5730 NW 54 Way
٦	Гаmarac, FI 33319
6. The name and so (if changed):	treet address of the new registered agent (if changed) and /or registered office
1	Natalie Perez
<u>7</u>	7154 N University Drive, #211 P.O. Box NOT acceptable
<u>1</u>	Famarac, FL 33319
The street address	s of its registered office and the street address of the business office of its registered agent, e identical.
_	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
	Natalie Perez, VP
I hereby accept the I further agree to of my duties, and document is being	Printed or typed name and title The appointment as registered agent and agree to act in this capacity. Comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this I fill the provision of the complete performance of the proper and complete performance of the proper and complete performance of this complete agent. Or, if this is a filled merely to reflect a change in the registered office address, I hereby confirm that the proper and title of this change.
Signal	06/30/10 Date
If signing on beha	
-	HAS CHANGED . REGISTERED
Турк	** * FILING FEE: \$35.00 * * *