

P11 000 108311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

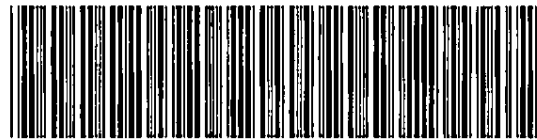
(Business Entity Name)

(Document Number)

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RA & RO change

03/21/22--01027--006 \*\*35.00

FILED  
2022 MAR 21 AM 11:57  
CLERK OF SUPERIOR COURT  
JANET S. HARRIS

A. RAMSEY  
APR - 1 2022

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Software Healer Inc  
Name of Corporation

DOCUMENT NUMBER: P11000 108311

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:

Philip TolK  
Name of Contact Person

Software Healer Inc

Firm/Company

7901 4th St N Ste 300  
Address

St Petersburg FL 33702  
City/State and Zip Code

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

For further information concerning this matter, please call:

Philip TolK at (310) 756 5869  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Software Healer Inc
2. The principal office address: 7901 4th St N STE 300  
St. Petersburg FL
3. The mailing address (if different): 7901 4th St N STE 300 St. Petersburg FL 33702
4. Date of incorporation/qualification: 01/01/2012 Document number: P11 000 10 8311
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)

resigned (Maxine Otero)

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

Registered Agents Inc.

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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.

Philip Talk

Signature of an officer or director

Philip Talk CEO

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.

Bill Havre

Signature of Registered Agent

3/15/22

Date

If signing on behalf of an entity:

Bill Havre

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 (04/13)

2022 MAR 21 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

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