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SECRETARY OF STATE
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SIGNED OF CORPORATIONS
OF NON 24 PH 3: 43

Chewis 14

COVER LETTER.

TO:

Amendment Section Division of Corporations

SUBJECT: Sensoft Application Services, Inc.

Name of Corporation

DOCUMENT NUMBER:

P12000077354

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:

Larry P. King, CPA

Name of Contact Person

Larry P. King, CPA

Firm/Company

14816 Hartford Run Drive

Address

Orlando, FL 32828

City/State and Zip Code

larrypaulking@gmail.com

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

For further information concerning this matter, please call:

Larry P. King, CPA

,407

758-1730

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

statement of char	ge is submitted for a	corporation organ	2, 607.1508, or 617.1508, Flori ized under the laws of the State ered agent, or both, in the State	of	ris ——
1. The name of th	e corporation: SE	NSOFT APP	LICATION SERVICES,	INC.	
2. The principal of	022	4 TARLETON	CIRCLE		
	WE	EKI WACHEE	FL 34613	<u> </u>	
3. The mailing ad	dress (if different):_				
4. Date of incorpo	pration/qualification:	9/11/2012	Document number: P12	200007735	4
	street address of the onent of State: (If resi		gent and registered office on filed)	e with the	
<u>_</u>	RESIGNED: M	ARIE W. HAF	RDY		
_	9;	224 TARLETO	ON CIRCLE		
_	M	EEKI WACH	EE, FL 34613		71 IA10
6. The name and : (if changed):	street address of the r	new registered ager	nt (if changed) and /or registered	i office	14 NOV 24 PH 3: 43
_	LARRY P. KII	NG, CPA			CORPO PM
14816 HARTFORD RUN DRIVE			OR AL		
_	ODI ANDO E	P.O. Box NOT	acceptable		<u> </u>
-	ORLANDO, F	L 32828			
The street addres as changed will b	s of its registered of e identical.	ice and the street a	address of the business office o	of its registered	d agent,
Such change was authorized by the	authorized by resolution board, or the corporate	ition duly adopted ation has been not	by its board of directors or by ified in writing of the change.	an officer so	
march 1	tand.		MARIE W. HARDY, P		Τ
I hereby accept to I further agree to performance of n	he appointment as re comply with the pro ny duties, and I am B	ovisions of all statu Amiliar with and a	Printed or typed name and agree to act in this capacity. Ites relative to the proper and cocept the obligation of my positect a change in the registered on writing of this change.	complete tion as registe	red I
Sigha	thre of Flegisterad Redit	PA	NOVEMBER 19, 2014	1	
If signing on beha	ulf of an entity:				
LARRY P. K	ING, CPA				
Тур	ed or Printed Name	*****			

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