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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002753063)))



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To: Division of Corporations Fax Number : (850)617-6380 From: : LEGALZCOM.COM INC. Account Name Account Number : 120010000062 : (323)962-8600 Phone : (323)962-3889 6 Fax Number *Enter the email address for this business entity to be used for future [Tannual report mailings. Enter only one email address please.** Email Address:

REGISTERED AGENT CHANGE SAFFIRE SOFTWARE INC.

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S. PRATHEF

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From: Sylvia Paull

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	SAFFIRE SOFTWARE INC.	
SUBJ	Name of Corporation	
DOC	P21000052809 UMENT NUMBER:	
The e	nclosed 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	
	GLENDALE, CA 91203	
	City/State and Zip Code	
	spstreicher@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For fi	rther information concerning this matter, please call:	
CHE	YENNE MOSELEY, LEGALZOOM.COM, INC. at () 773-0888 ext 9724 Name of Contact Person Area Code & Daytime Telephone Number	
	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	

CR2E045 (03/12)

To: 18506176380 *

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tge 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.
	ne corporation: SAFFIRE SOFTWARE INC.
2. The principal of	office address: 1145 AUDACE AVE APT 101 BOYNTON BEACH, FL 33426
3. The mailing ad	ldress (if different):
4. Date of incorpo	oration/qualification: 06/04/2021 Document number: P21.000052809
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
1	UNITED STATES CORPORATION AGENTS, INC.
<u>-</u>	5575 S. Semoran Blvd. Suite 36
-	Orlando, FL 32822
6. The name and (if-changed):	Orlando, FL 32822 Street address of the new registered agent (if changed) and /or registered office
!	Robert Mirabelle $\frac{m_{\phi}}{2}$
	1145 Audace Ave., Apt #101
-	P.O. Box NOT acceptable
<u>(</u>	Boynton Beach, Florida 33426
as changed will b	
Such change was authorized by the	sauthorized 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.
Scatt	Scott Streicher, Treasurer
I hereby accept to I further agree to performance of mageal. Or: if this hereby confirm to	the appointment as registered agent and agree to act in this capacity, of comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered a document is being filed merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change.
,	nurr of Registered Agenta. Date
If signing on beh	
Robert Mirabe	elle
יתי	* * * 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)