11/10/21, 3:52 PM

## Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

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REGISTERED AGENT CHANGE EAGLE SOFTWARE CORPORATION

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

statement of cha	nge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statutes, t rganized under the laws of the State of <mark>Florida</mark> egistered agent, or both, in the State of Florida.	his				
1. The name of	he corporation: Eagle Software	Corporation					
	2. The principal office address: 7901 4th St N STE 300 St. Petersburg FL 33702						
3. The mailing a	3. The mailing address (if different): 250 Monroe Ave NW Suite 400, PMB #6055 Grand Rapids MI 49503						
		Document number: P94000014215					
	I street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file with the signed)					
	WOODBURN WESLEY,	SJR					
	88 EGLIN PKY		₹.				
	FORT WALTON BEACH	I, FL 32548	SEGR	2021 NOV			
6. The name and (if changed):	agent (if changed) and /or registered office	LAHASSEE.	01 40				
	Northwest Registered Ac	gent LLC		<u> </u>			
	7901 4th St N STE 300			چ چ			
	P.O. Box NOT acceptable St. Petersburg FL 33702						
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of its register	ed agent,				
Such change was authorized by the	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an officer son notified in writing of the change.	υ				
Kathleen Signatu	L Tuisenga re of an officer or offector	Kathleen L Huizenga, President					
of my duties, an document is bei	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha	it and agree to act in this capacity. statutes relative to the proper and complete per obligation of my position as registered agent, in the registered office address, I hereby confiringe.	formance Or, if this n that the				
Ton Ge	nature of Registered Agent	11/10/2021					
		Date					
• •	half of an entity:						
Tom Glove	Sped or Printed Name						
	•						

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