Add	DE C Juvane In S Name Phone #	2085	428 CORPORATION WOLLD STATION
No Return A	ddress		Office Use Only
CORPORATION NAM	E(S) & DOCUM	ENT NUMBER(S), (if I	known):
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Mail out	Will wait	Photocopy	Certificate of Status
NEW FILINGS		AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of R.A Change of Registere Dissolution/Withdra Merger	ed Agent
OTHER FILINGS		REGISTRATION/QUA	ALIFICATION
Annual Report Fictitious Name		Foreign Limited Partnership Reinstatement Trademark Other	
			Examiner's Initials

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, the undersigned corporation organized under the laws of the State of $\frac{\text{FLORIDA}}{\text{Corporation}}$
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: WILLIAMS SOFTWARE, INC. 9
2. The mailing address of the corporation: 2043 5R7 PMB 309 My
3. Date of incorporation/qualification: 10/14/96 Document number: P9(0000854)
4. The name and address of the current registered agent and registered office:
20433 SR7
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
JONATHAN Shepard
5355 TOWN CENTER RD STE 801 BOCA RATON, PC 33486
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. (Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Signature of Registered Agent) 9-24-01 (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(8/99)