P97000918239

Encompass Software, Inc. 7224 Hammett Road Tampa, FL 33647 813-977-1075/800-400-3588

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS	AMENDMEN	TS		
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Other	Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership			N
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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 FLORIDA
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 is: LAGE SOFT, INC.
(FORMERLY ENCOMPASS SOFTWARE, INC.)
2. The mailing address of the corporation is: 1911D TIMBER REACH ROAD, TAMPA, FL 3364
3. Date of incorporation/qualification: 2/26/97 Document number: P97000018239
4. The name and address of the current registered agent and office:
SARITA CABRERA LAGE
7224 HAMMETT ROAD ZON 10
TAMPA, FL 33647
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
ALLAN W. LAGE
19110 TIMBER REACH ROAD
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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 of vice chairman of the board) (Date)
SARITA CABRERA LAGE PRESIDENT (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.
Allan W, Lge 5/20/99 (Signature of Registered Agent) (Date)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Typed or Printed Name) YICE PRESIDENT 3 TREASURER (Capacity)
(Capacity)
* * * FILING FEE: \$35.00 * * *

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