## P98000099573

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## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: M. P. Software Enterprises, Inc.

Name of Corporation

DOCUMENT NUMBER: P98000099573

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:

Michael D. Pettis

Name of Contact Person

M. P. Software Enterprises, Inc.

Firm/Company

3879 Brantley Place Circle

Address

Apopka, FL 32703

City/State and Zip Code

support3@stuffsoftware.com

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

For further information concerning this matter, please call:

Michael D. Pettis

,407

349 7000

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

•	•	17.0502, $607.1508$ , or $617.1508$ , Florid organized under the laws of the State $\alpha$		
		registered agent, or both, in the State of	f Florida.	
1. The name of t	he corporation: M. P. Softwar	e Enterprises, Inc.		
2. The principal	office address: 3879 Brantley	Place Circle, Apoka, FL 327	703	
3. The mailing a	ddress (if different): 633 Glenv	view Drive, Winter Garden, F	L 34/8/	
4. Date of incorp	poration/qualification: 11/30/19	Document number: P980	000099573	
	I street address of the current regist tment of State: (If resigned, enter)	tered agent and registered office on file resigned)	with the state of	
	3879 Brantley Place Circ	cle	SEP FI	
•	Apopka, FL 32703			
6. The name and (if changed):	I street address of the new registers	ed agent (if changed) and /or registered	_ 항 중 연 office	
	633 Glenview Drive			
	Winter Garden, FL 3478	7	<del></del>	
	<del></del>	lox NOT acceptable	_	
The street addre	ess of its registered office and the be identical.	street address of the business office of	its registered agent,	
Such change wa authorized by th	is authorized by resolution duly ac tie board, or the corporation has be	dopted by its board of directors or by a een notified in writing of the change.	n officer so	
Signatur	re of an officer or director	MICHAEL D. P Printed or typed name and	ettis-PAFS	
•		ent and agree to act in this capacity. Il statutes relative to the proper and co and accept the obligation of my positi to reflect a change in the registered of ified in writing of this change.		
Lad		9-5-13	9-5-13	
	nature of Registered Agent	Date Tn\$		
Ty	ped or Printed Name	IC DDD 045 CO 1 1 1		

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