

P99000021204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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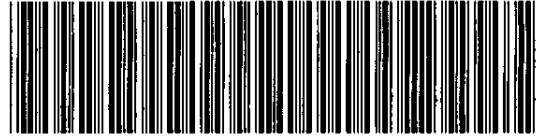
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MyCorporation
From the makers of QuickBooks

26520 Agoura Road
Calabasas, CA 91302

Toll Free: 1-888-692-6771

Direct/Intl: 1-818-879-9079 | Fax: 1-818-879-8005
e-mail: info@mycorporation.com

August 2, 2007

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: CHANGE OF REGISTERED OFFICE/AGENT: SOLVIT SOFTWARE, INC.

Ladies and Gentlemen:

Please find enclosed for filing two signed originals of the Statement of Change of Registered Office/Agent for the above-referenced entity.

Also enclosed is a check in the amount of \$35.00 as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings
My Corporation Business Services, Inc.
26520 Agoura Road
Calabasas, California 91302

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO
POST FORMATIONS AT 888-692-6771.**

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOLVIT SOFTWARE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P99000021204

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:

Post-Formation Filings
(Name of Contact Person)

MyCorporation
(Firm/Company)

26520 Agoura Rd.
(Address)

Calabasas, California 91302
(City/State and Zip Code)

For further information concerning this matter, please call:

Post-Formation Filings at (818) 879-9079
(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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SOLVIT SOFTWARE, INC.
2. The principal office address: 677 N. Washington Blvd #132
Sarasota, FL 34236-4241
3. The mailing address (if different): P.O. Box 14606, Bradenton, Florida 34280
4. Date of incorporation/qualification: 03/08/1999 Document number: P99000021204
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Wright, Leslie

8023 Bradshaw Ct

Douglasville, FL 30134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive., Suite 4

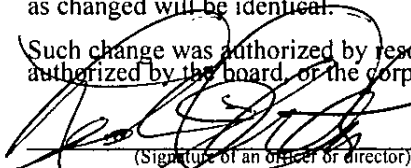
(P.O. Box NOT acceptable)

Weston, Florida 33331

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Leslie Wright, President

(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

8/2/07
(Date)

If signing on behalf of an entity:

Meghan Record, Asst. Sec.

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314