

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000053447

**Entity Name:** ABSORB SOFTWARE NORTH AMERICA, LLC**Current Principal Place of Business:**501 E KENNEDY BLVD  
TAMPA, FL 33602**Current Mailing Address:**501 E KENNEDY BLVD  
TAMPA, FL 33602 US**FEI Number:** 20-1386041**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MUSA, HEBA  
501 E KENNEDY BLVD  
TAMPA, FL 33602 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** HEBA MUSA

12/08/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ABSORB SOFTWARE US HOLDINGS, INC.  
Address 501 E KENNEDY BLVD  
City-State-Zip: TAMPA FL 33602

Title CEO  
Name WILLIAMS, KIMBERLY  
Address 685 CENTRE ST S  
SUITE 2500  
City-State-Zip: CALGARY ALBERTA T2G1S5

Title COO  
Name FORRESTER, AARON  
Address 685 CENTRE ST S  
SUITE 2500  
City-State-Zip: CALGARY ALBERTA T2G1S5

Title VP  
Name MUSA, HEBA  
Address 685 CENTRE ST S  
SUITE 2500  
City-State-Zip: CALGARY ALBERTA T2G1S5

Title CONTROLLER  
Name ZIPRICK, KIMBERLY  
Address 685 CENTRE ST S  
SUITE 2500  
City-State-Zip: CALGARY ALBERTA T2G1S5

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIMBERLY ZIPRICK**CONTROLLER**

12/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date