

2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000053447

Entity Name: ABSORB SOFTWARE NORTH AMERICA, LLC**Current Principal Place of Business:**19046 BRUCE B DOWNS BLVD.
STE B6 #720
TAMPA, FL 33647**Current Mailing Address:**19046 BRUCE B DOWNS BLVD
STE B6 #720
TAMPA, FL 33647 US**FEI Number:** 20-1386041**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FORRESTER, AARON
19046 BRUCE B DOWNS BLVD.
STE B6 #720
TAMPA, FL 33647 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:** AARON FORRESTER

11/21/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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	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: AARON FORRESTER

COO

11/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date