

L04000053447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

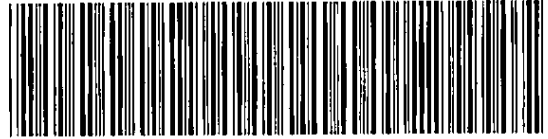
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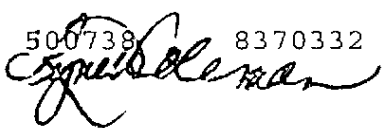
A. EUTLER

FEB 16 2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 500738 8370332

AUTHORIZATION : 

COST LIMIT : \$ 25.00

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ORDER DATE : February 15, 2023

ORDER TIME : 10:40 AM

ORDER NO. : 500738-005

CUSTOMER NO: 8370332  
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CHANGE OF AGENT

NAME: ABSORB SOFTWARE NORTH AMERICA,  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

Absorb Software North America, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karina Rudnytsky

\_\_\_\_\_  
Name of Person

Absorb Software Inc.

\_\_\_\_\_  
Firm/Company

685 CENTRE STREET S, SUITE 2500

\_\_\_\_\_  
Address

CALGARY, AB, T2G 1S5, Canada

\_\_\_\_\_  
City/State and Zip Code

karina.rudnytsky@absorblms.com

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

For further information concerning this matter, please call:

Karina Rudnytsky 551 866-1807

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Absorb Software North America, LLC

1. Name of the limited liability company: Absorb Software North America, LLC
2. (a) 19046 Bruce B Downs Blvd.  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Ste. B6 #720  
Tampa, FL 33647  
07/19/2004
- (b) 19046 Bruce B Downs Blvd.  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Ste. B6 #720  
Tampa, FL 33647  
L04000053447
3. 07/19/2004 Date of filing/registration in Florida
4. L04000053447 Document number
5. (a) Aaron Forrester  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
19046 Bruce B Downs Blvd.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Ste. B6 #720  
Tampa 33647  
FL  
Corporation Service Company
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee 32301  
FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Aaron Forrester

Aaron Forrester

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00