-M07000004494

(Re	equestor's Name)	
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SECRETARY OF STATE
AND ASSESSED FROM THE

B. BOSTICK
AUG 1 9 2013
EXAMINED



TO: Registration Section Division of Corporations

SUBJECT: 1866 HOME Liberty LLC Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted f	or filing.
Please return all correspondence concerning this matter to the following:	
Reid Shapiro Name of Person	
Elephant Rinup, Inc	2
5259 Coconut Creek Play	OI3 AUG TO SECRETARS
Margati, FL 33063 City/State and Zip Code	ZOI3 AUG 16 PH 2: 40 SECRETARY OF STATE ALL AHASSEEL FLORID.
PMCLANE @ Elephant group. com E-mail address: (to be used for future annual report not fication)	₹ 6
For further information concerning this matter, please call:	
Paula Mckan at (954) US 7 9600 Name of Person at (954) Area Code & Daytime Telephone	<u>ext</u> 11 20 Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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 608.416 or 608.508, 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.

1. Name of the limited liability company:\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Home I sherty, 110
2. (a) Principal office address of limited liability company	v: 5259 Coconut Creek Pluy
(Note: MUST BE STREET ADDRESS)	Margati FL 33063
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5259 COLONUT Creek Pluy Margate, FL 33063
07/27/2007	4P4400000F0M
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Michael Wallace
Registered Office Address:	5259 Coconit Creek Pkwy
	Margate, FL 33063
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Reid Shapin
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5259 Coconst Creek Plus Margate FL 33063
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company.	Florida street address of the registered office itical. Or, in the case of a Florida limited a) was/were authorized by an affirmative vote of
Signature of a member of a whorized representative of a member	2013 AUG 1
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the phovisions of all statutes relative to the plant I am familiar with and accept the obligations of my proceedings of the process of the proces	

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

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2013

REID SHAPIRO ELEPHANT GROUP, INC. 5259 COCONUT CREEK PKWY MARGATE, FL 33063

SUBJECT: 1 866 HOME LIBERTY, LLC

Ref. Number: M07000004494

We have received your document for 1 866 HOME LIBERTY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 813A00018529

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