

L0300039965

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000176834 3)))



H120001768343ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing date of submission 7/5

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

12 JUL -9 AM 6:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHAPES GROUP LTD CO.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED
12 JUL -5 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 10 2012

Electronic Filing Menu

Corporate Filing Menu

Help **EXAMINER**



July 6, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHAPES GROUP LTD CO.
1415 FOUNDATION PARK BLVD. SE
PALM BAY, FL 32909US

SUBJECT: SHAPES GROUP LTD CO.
REF: L03000039965

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: E12000175538
Letter Number: Q12A00018189

FILED
12 JUL -5 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shapes Group Ltd Co
Name of Corporation

DOCUMENT NUMBER: L03000039965

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

Kyle@westhampartners.com

For further information concerning this matter, please call:

Name of Contact Person _____ at (_____) 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

CR2E04\$ (03/12)

FL 006 - 03/16/2012 Walpiya Kluayr Quien

PAGE 03/04

CT CORPORATION

8656336092

07/06/2012 16:43

FILED
12 JUL -5 AM 8 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Shapes Group Ltd Co

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

10/10/2003

L03000039965

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:

James S. Laham

Registered Office Address:

320 FORTENBERRY ROAD
MERRITT ISLAND FL 32952

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

(MUST BE FLORIDA STREET ADDRESS)

Plantation

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.

Samuel S. Gottwald
Signature of a member or authorized representative of a member

Samuel Gottwald

Printed or typed name of signer

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 608, 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.

By: Signature of Registered Agent

Monnon Lawler
Vice President
and Assistant Secretary

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

FILING FEE: \$25.00

IN11S18 (05/08)

11-015 - 11-16-2010 C.T. System Update