L05000059021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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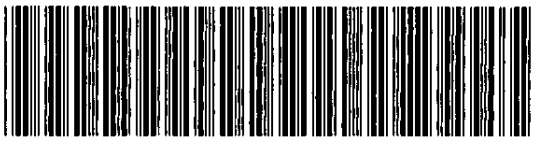

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TALLAHASSEE, FLORIDA

T. CLINE
APR - 8 2008
EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2008

DARREN SHAFAE
71 STEVENSON STREET, 4TH FLOOR
SUITE 446
SAN FRANCISCO, CA 94105

SUBJECT: PROOF-READING.COM, LLC
Ref. Number: L05000059021

We have received your document for PROOF-READING.COM, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 308A00013406

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Proof-Reading.Com, LLC.
(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:

Darren Shafae
(Name of Person)

Proof-Reading.Com, LLC.
(Firm/Company)

71 Stevenson Street, 4th Floor, Suite 446
(Address)

San Francisco, CA 94105
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Darren Shafae at (415) 655-6749
(Name of Person) (Area Code & Daytime Telephone 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

INHS18 (8/05)

April 3, 2008

Tammi Cline
P.O. Box 6327
Tallahassee, Florida 32314

RE: Letter Number – 308A00013406

Thank you for your quick response to our change of address. Please use the following address for our new Florida registered agent:

**Registered Agent:**
Darren Shafae
17970 NE 31St Court, #4308
Aventura, FL 33160

**New Company Mailing Address:**
71 Stevenson Street, 4th Floor
Suite 446
San Francisco, CA 94105

Best regards,

Darren Shafae
Proof-Reading.Com, LLC.

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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. The name of the limited liability company is: Proof-Reading.Com, LLC.

2. The mailing address of the limited liability company is : 71 Stevenson Street, 4th Floor, Suite 446

San Francisco, CA 94105

06/14/2005 — 3. Date of filing/registration in Florida

L05000059021 — 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Darren Shafae
Name

2180 Higgins Canyon Road
Address

Half Moon Bay, CA 94019
City, State and Zip

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TALLAHASSEE, FLORIDA

6. The name and address of the new registered agent and/or office:

Darren Shafae
Name

17970 NE 31st Court, #4308
Florida street address (P.O. Box **NOT** acceptable)

Aventura, FL 33160
City, State and Zip

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.

(Signature of a member or authorized representative of a member)

Darren Shafae
(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 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.*

(Signature of Registered Agent)

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

INHS18 (8/05)