L06000010419

<i>;</i>		
(Re	equestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
	`-	ŕ
(Do	cument Number	
•	·	
Certified Copies	Certificate	s of Status
	-	
ſ· ··		
Special Instructions to Filing Officer:		
		=
		<u> </u>

Office Use Only



800241691558

11/15/12--01012--013 **35.00

12 NOV 28 PH 2: 44 NEW DIAM OF STATE

COVER LETTER

Division of Corporations			
SUBJECT: SCO FUSION, 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:			
Shawn HTyler Name of Person			
Seo Fusion, LLC. Firm/Company			
7147 Moriana Ct. Address			
Boca Raton PL 33433 City/State and Zip Code			
Shawnty Local Smail. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Shawn Tyu at (561) 6200390 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			



November 16, 2012

SHAWN TYLER 7147 MARIANA COURT BOCA RATON, FL 33433

SUBJECT: SEO FUSION, LLC Ref. Number: L06000010419

We have received your document for SEO FUSION, 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 412A00027699

STATEMENT OF CHANGE OF REGISTERED OFF BOTH FOR LIMITED LIABILITY COMPANY	FICE OR REGISTERED AGENT OR
Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or legistered
1. Name of the limited liability company:	FUSION, LLCG TO
2. (a) Principal office address of limited liability compart (Note: MUST BE STREET ADDRESS)	BOCK PULL DE 35933
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7147 Mariana Ct. Boaq Raton FL 33433
1/30/06	606000010419
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:	Corporation Service Company
Registered Office Address:	1201 Hays St.
	Tallahasse, FT. 32301
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:
NEW Registered Agent:	Shawn Tyler
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7147 mariana 17 Boca Reston FL 3343
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(at the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of
Signature of a member or authorized representative of a member	<u> </u>
Shave Tyler Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.

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

Signature of Registered Agent