## 406000060507

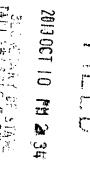
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Saveology.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:		
Paula McKane Name of Person		
Elephant Group, Inc		
5259 Colony Creek Pkwy		
Hargate, FL 33063 City/State and Zip Code		
Pmckant @ elephant group. com  E-mail address: (to be used for luture annual report notification)		
For further information concerning this matter, please call:		
Paula McVaru at (954) 657 9600 ext 7720  Area Code & Daytine 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		

## 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.

S. C.	
1. Name of the limited liability company: Saveolo	qy.com LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	00
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	<i>J</i> ,
6 (13)2006  3. Date of filing/registration in Florida	<u>L06000060507</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on a Registered Agent: Registered Office Address:	the records of the Florida Dept. of State:  MIChael Wallace  5259 Cocond Crek Prwy  Margate, FL 33063
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address:  Reid Shapiro  5259 Coconul Creek Plu  Margate FL 33063
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the persitting hardening of the limited liability company.  Signature of a member or authorized representative of a member	aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
Reid Shapin  Printed or typed name of lignee  Lhereby accept the appointment as registered agent and a	erge to act in this capacity. I finither garge to
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround form familiar with and accept the obligations of my po. Chapter 608, IS. Or, if this document is being filed to menderess. I herebyte patient that the limited liability company	stee to det in this capacity. I ju ther agree to opper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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