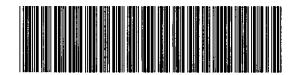
## LUCOOUG507

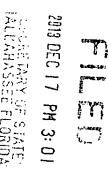
equestor's Name)		
(Address)		
ddress)		
ity/State/Zip/Phone	e #)	
☐ WAIT	MAIL	
usiness Entity Nan	ne)	
(Document Number)		
Certificates	of Status	
Special Instructions to Filing Officer:		
	ddress)  ddress)  ity/State/Zip/Phone WAIT  usiness Entity Nan ocument Number)  Certificates	

Office Use Only



200254778192

12/17/13--01016--024 \*\*25.00



DEC 1 8 2019



TO: Registration Section Division of Corporations		
SUBJECT: Saveology Com Name of	1 LLC Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for	r filing.
Please return all correspondence concerning	g this matter to the following:	
Reid Shapino Name of Person		
Elephant Group, I	inc.	
3303 West Commercia	l Blud	2013 DEC 17 SALLAHASSE
Fort Lauderdale, FL 3: City/State and Zip Code	3309	PH 3: 01 PF STATE
PMCKane @ elephantar E-mail address: (to be used for future annual repor	ROD COM rt notification)	
For further information concerning this ma	atter, please call:	
Paula Hckane Name of Person	at ( 954 ) 657 - 9600 - Area Code & Daytime Telephone N	ext 7720 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 follow	ving amount:	
□ \$25 Filing Fee	\$55 Filing Fee & Certified C	Сору



## 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: Savec	logy com LC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	^
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3303 West Commercial Blyd. Fort Lauderdale, FL 33309
06/13/2006	L 0600060507
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:	Beid Shapiro
Registered Office Address:	5259 Coconut Creek Pkwy Margate, FL 33063
(b) Enter name of <u>NEW Registered Agent</u> and/or	Cil-C
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3303 West Commercial Blvd.
	Fort Lauderdale FL 33309
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of gravise provided in the articles of organization or
Beid Shapiro Printed or typed name of signee	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.

Signature of Registered Agent