2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 09, 2008
Secretary of State

DOCUMENT# L06000104765

Entity Name: SHAPE SHIFTERS, LLC

Current Principal Place of Business:

4525 SABAL PALM ROAD
MIAMI, FL 33137

New Principal Place of Business:

420 W RIVO ALTO
MIAMI BEACH, FL 33139 US

Current Mailing Address:

4525 SABAL PALM ROAD
MIAMI, FL 33137

New Mailing Address:

420 W RIVO ALTO
MIAMI BEACH, FL 33139 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOFFMAN, FREDRIC A
9400 S. DADELAND BLVD., SUITE 600
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FREDRIC A HOFFMAN

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: EGOZI, MASHA
Address: 420 W RIVO ALTO
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MASHA EGOZI MGR 05/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date