

**L08000033994**

\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**C. LEWIS**

**JUL 22 2009**

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2009

DEANNA CLEMENT  
SOCIALSHUTTERFLY LLC  
369 SUMMERSET DR.  
ST. JOHNS, FL 32259

SUBJECT: SOCIALSHUTTERFLY LLC  
Ref. Number: L08000033994

We have received your document for SOCIALSHUTTERFLY 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 the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 609A00022193

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Socialshutterfly 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:

Deanna Clement  
Name of Person

Socialshutterfly  
Firm/Company

369 Summeret Dr.  
Address

Jax Fla 32259  
City/State and Zip Code

D@socialshutterfly.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Clement at ( 904 ) 5530301  
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

Already paid \$35.00

**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: SocialShutterfly LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

369 Sumner St Dr.

Jax Fla. 32259

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

same 369 Sumner St Dr.

JAX FLA. 32259

4-3-2008

3. Date of filing/registration in Florida

L08000033994

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

LegalZoom.com INC

Registered Office Address:

7083 Hollywood Blvd Suite #180  
Hollywood CA. 90028

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

ANDREW J. CARROLL, ESQ.

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

365 SUMNER ST DR

ST. JOES, FL 32259

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.

Deanna Clement  
Signature of a member or authorized representative of a member

Printed or typed name of signer

Deanna Clement

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.

Andrew J. Carroll, Esq.  
Signature of Registered Agent

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