108000107515

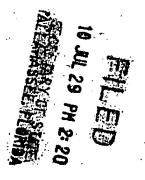
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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D. BRUCE

JUL 3 0 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2010

BARRY KAPLAN 335 BEECHWOOD ROAD RIDGEWOOD, NJ 07450

SUBJECT: SHIFT 180, LLC Ref. Number: L08000107515

We have received your document for SHIFT 180, 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 210A00017080



COVER LETTER

Division of Corporations	
SUBJECT: Shift 180, LLC Name of Limited	d 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 m	natter to the following:
Barry Kaplan Name of Person	· · ·
Shift 180, LLC	
335 Beechwood Road	
Ridgewood, NJ 07450	
City/State and Zip Code Darry @ Shift 180.com E-mail address: (to be used for future annual report notification	On)
For further information concerning this matter, ple	ase call:
Barry Kaplan at (201 214-5598 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 amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $^{\prime}$

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: Shift 1	80, LLC	
2. (a) Principal office address of limited liability company	<i>7</i> :	
(Note: MUST BE STREET ADDRESS)	2250 S.W. 28th Avenue Ft. Landerdale, FL 33312	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	2250 S.W. 28th Avenue	
	Ft. Lauderdale, FL 33312	
	L-08-0001075-15-	
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:	John Drury	
Registered Office Address:	2823 NE 21st Court	
	Ft. Landerdole, FL 33305-3617	
	The second secon	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>		
NEW Registered Agent:	Jeffrey C. Manchester 2250 S.W. 28th Avenue	
NEW Registered Office Address:	2250 S.W. 28th Avenue	
(MUST BE FLORIDA STREET ADDRESS)	Fort Lauderdale FL 33312	
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 timited liability company, it is hereby confirmed that the change(s) was/were authorized by an adjusting vote of the members of the limited-liability company or as otherwise provided in the articles of a gardination or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee 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 1909 Ffs. Or, if this document is being filed to merely reflect a change in the registered office address the trapy confirm that the limited liability company has been notified in writing of this change.		
Sign/Make of/Registered Agent		

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