L09000067401

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SECRETARY OF STATE
AND ASSEE: FLORID.

J. BRYAN

APR 18 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EBUYZ, Name of Limit	uc ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Denise Key Name of Person EBUYZ, LLC Firm/Company 2401 N. Ponce de Lee Address St. Augustine, Fl. 32 City/State and Zip Code Lakey/3000/com E-mail address: (to be used for future annual report notifica	11 APR 15 PM 2: 43 SECRETARY OF STATE FALLAHASSEE, FLORIDA
Texise key at (Name of Person at (STREET/COURIER ADDRESS: Registration Section Division of Corporations	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	iount:
\$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.

1. Name of the limited liability company:	BUYZ UC
2. (a) Principal office address of limited liability compar	
(Note: MUST BE STREET ADDRESS)	51. Augustine, Fl 32084
(b) Mailing address of limited liability company:	2435 old Alabama Roac
(Note: MAY BE POST OFFICE BOX)	Roswell, GA 300762413
07/13/2009	L09000067401
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	•
Registered Agent:	Denise D. Key
Registered Office Address:	19323 US Highway 3315
	Freeport, Fl 32439-468.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2401 N. Ponce de Leon 8/40. St. Augastine FL 32084
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	laws of the State of Florida; it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized represent to ve of a member	AFETAR ASS
Devise D. Key Printed or typed name of signee	- REFERENCE
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the praid I am familiar with and accept the obligations of my particle to the company of the company of the limited liability of the	agree to act in this capacity. I Romer surce to oper and complete performance at my duties, sition as registered agent as provided for in early reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	

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