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EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
	Z AGENCY, LLC Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ELIZABETH KELLEY GRACE  Name of Person		
THE BUZZ AGENCY, LLC Firm/Company	SECRETATION	
104 W. ATLANTIC AVENUEAddress	INOVIL PH 1: 31	
DELRAY BEACH, FL 33444 City/State and Zip Code		
E-mail address: (to be used for future annual report notification	<u>r</u>	
For further information concerning this matter, plea	ase call:	
ELIZABETH K. GRACE at (	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	<u></u>	
\$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:	THE BUZZ AGENCY, LLC		
2. (a) Principal office address of limited liability comp	oany:		
(Note: MUST BE STREET ADDRESS)	104 W. ATLANTIC AVEN DELRAY BEACH, FL 334		
(b) Mailing address of limited liability company:	SAME	ECHET NOV	
(Note: MAY BE POST OFFICE BOX)		TARY TARY	
07/22/2009	L0900007113	32 0	
3. Date of filing/registration in Florida	4. Document number	PRIE 3	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dep	<b>2</b>	
Registered Agent:	ELIZABETH GRACE		
Registered Office Address:	4361 SUGAR PINE DRIVE BOCA RATON, FL 33487		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	•	<u>ş</u> :	
NEW Registered Agent:	ELIZABETH GRACE		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	104 W. ATLANTIC AVENUE		
	DELRAY BEACH	,FL <u>33444</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as ot or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	he laws of the State of Florida, it e Florida street address of the reg entical. Or, in the case of a Flori e(s) was/were authorized by an a herwise provided in the articles of any.	is hereby sistered office ida limited ffirmative vote of organization	
ELIZABETH K. GRACE Printed or typed name of signee			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filled to address. I hereby confirm that the limited liability comp	d agree to act in this capacity. I proper and complete performand position as registered agent as p merely reflect a change in the re any has been notified in writing (	further agree to ce of my duties, provided for in gistered office of this change.	

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

Signature of Registered Agent