## 10000086075

, ,	(Requestor's Name)			
• :	•			
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	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P · MAIL MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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4.				

Office Use Only



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D. BRUCE

JUL 13 2010

**EXAMINER** 

## COVER LETTER

INHS18 (5/08)

TO: Registration Section Division of Corporati	ons				
SUBJECT:	Sales Verific	ation Co	mpany,	LLC	
. * :	Name of Limite	ed Liability	Company	<b>'</b> :	•
Dear Sir or Madam:					
The enclosed Registered Age	ent/Registered Office	Change an	d fee(s) a	re submitted for	r filing.
Please return all corresponde	nce concerning this r	natter to the	followin	g:	
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Milly	Borja			•	
	Person .			;	
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	on Company, LLC			· ·	
Firm/Co	mpany			:	
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13100 56th	Court Ste 707			÷ f	
Addre			•	i	
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	- EL 00700			1	(1) to
City/State ar	r, FL 33760				PH.
Chy/State ar	id Zip Code				37 2
•					
mborja@sales E-mail address: (to be used for f	verifications.com uture annual report notifica	tion)		4	عد
For further information conc	erning this matter, pl	ease call:	:		
Milly Borja	at (	727 )		572 0600	
Name of Person			a Code & Da	ytime Telephone N	umber
STREET/COURIER	ADDRESS:	MAIL	ING ADD	RESS:	
Registration Section		Regist	ration Sect	ion	
Division of Corporation	ns -	Division of Corporations			
Clifton Building			ox 6327`.		
2661 Executive Center Tallahassee, Florida 32		Tallah	assee, Flor	ida 32314 ‡	
Enclosed is a check	for the following an	nount:			
\$25 Filing Fee	•	\$55 1	Filing Fee	& Certified Co	ору

## 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.

Name of the limited liability company: Sales Verification Company, LLC					
2. (a) Principal office address of limited liability company	13100 56th Court Ste 707				
(Note: MUST BE STREET ADDRESS)	Clearwater, Ft. 33760				
(b) Mailing address of limited liability company:	13100 56th Court Ste 707 Clearwater, FL 33760				
(Note: MAY BE POST OFFICE BOX)					
September 4, 2009	L09000086075				
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:	Sheldon Goldberg				
Registered Office Address:	1547 Putnam Court Dunedin, Fl 34698				
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>					
<u><b>NEW</b></u> Registered Agent:	Milly Borja				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13100 56th Court # 707				
	Clearwater ,FL 33760				
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.  Signature of a member or authorized representative of a member					
Milly Borja Printed or typed name of signee	<u>·</u>				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companions of Registered Agent	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25,00

INHS18 (05/08)