

LI0000062193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

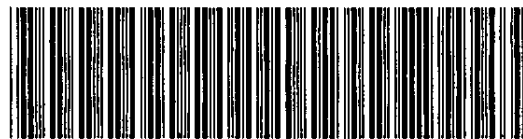
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/29/13--01052--022 **35.00

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2013 AUG 12 PM 1:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 13 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2013

REID SHAPIRO
5259 COCONUT CREEK PKWY
MARGATE, FL 33063

SUBJECT: EZIPIT LLC
Ref. Number: L10000062193

We have received your document for EZIPIT 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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 113A00018537

2013 AUG 12 PM 1:37

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EZIPIT 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:

Reid Shapiro
Name of Person

Elephant Group, Inc
Firm/Company

5259 Coconut Creek Pkwy
Address

Margate, FL 33063
City/State and Zip Code

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Paula McKane at (954) 657 9600 ext. 7720
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

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: E7IPIT LLC

2. (a) Principal office address of limited liability company: 5259 Coconut Creek Pkwy
(Note: **MUST BE STREET ADDRESS**)

Margate, FL 33063

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

5259 Coconut Creek Pkwy

Margate, FL 33063

06/10/2010

L10000062193

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:

Michael Wallace

Registered Office Address:

5259 Coconut Creek Pkwy

Margate, FL 33063

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

NEW Registered Agent:

Reid Shapiro

NEW Registered Office Address:

5259 Coconut Creek Pkwy

(**MUST BE FLORIDA STREET ADDRESS**)

Margate, FL 33063

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

Reid Shapiro

Printed or typed name of signed

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CLERK OF STATE
TALLAHASSEE FLORIDA

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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00