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(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
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2013 DEC 17 FM 4: 22

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Ezipi+ LLC Name of Limit	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:	
Beid Shapin Name of Person Elephant Group, Inc. Firm/Company 3303 West Commercial		
Tort Lauderdale, FL 3336 City/State and Zip Code Proclane Delephant and E-mail address: (to be used for future annual reportmentile)	59	
For further information concerning this matter, p		
Paula Mckane at (954) 657-9600 ext 7720 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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: Ezipi+	LLC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y:3303 West Commercial Blud Fort Lauderdale, FL 33309
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3303 West Commercial Blud Fort Laudendau FL 33309
66/10/2010	L 10000062193
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:	Reid Shapin
Registered Office Address:	5259 Coconut Creek Pkwy Margate, FL 33063
(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)	3303 West Commenced Blue
	Fort Lauderdale F1533309
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(sthe members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office
Reid Shapim Printed or typed name of signee	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress. I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in verely reflect a change in the registered office my has been notified in writing of this change.

Signature of Registered Agent