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SECRETARY OF STATE
AND ANIASSEE, FLORID

J. BRYAN

JAN -7 2011

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	·	Vize Marketing 4 U
	Name of Li	imited Liability Company
Dear S	Sir or Madam:	
The or	valaged Pagistaged Agant/Pagistaged Of	ffice Change and fee(s) are submitted for filing
ine ei	iciosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning t	his matter to the following:
	Loren Van Dusseldorp Name of Person	
		man particular and the second
	o)A/iza Markating 4 L	Fa <b>2</b>
	eWize Marketing 4 U Firm/Company	
	, ,	AR SS
	4099 North 28th Way	JAN -6 PH 1:23
	Address	
		23
	Hollywood FL 33020	
	City/State and Zip Code	
	x@ewm4u.com mail address: (to be used for future annual report no	
Б-	man address: (to be used for ruture annual report no	tineation)
For fu	rther information concerning this matte	r, please call:
	Loren Van Dusseldorp	at ( 954 ) 923-7000
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
	Tallahassee, Florida 32301	Tananassee, Florida 32314
	Enclosed is a check for the following	g amount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LÍMITED 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.

e Wize Marketing 4 U
: 4099 North 28th Way
Hollywood FL 33020
L10000082040
4. Document number
he records of the Florida Dept. of State:
Robert Robinson
4099 North 28th Way Hollywood FL 33020
V Registered Office address:  Loren Van Dusseldorp  4099 North 28th Way
Hollywood ,FL 33020
aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization are to act in this capacity. Efforther agree to per and complete performance of my duties, into as registered agent as provided for in the registered office has been notified in writing of this change.

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