Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

Account Name : LEGALZOOM.COM INC.

Account Number: I20010000062 : (323)962-8600 Phone

Fax Number : (323) 962-3889

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LLC REGISTERED AGENT CHANGE DON MASSIE LLC

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A. LURT

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FAX COVER SHEET

COMPANY FAX NUMBER 18506176383 FROM Natalie Nunez DATE 3/23/2013 11:50:24 AM PDT DE 505844227 - DON MASSIE LL C	то		
FROM Natalie Nunez DATE 3/23/2013 11:50:24 AM PDT	COMPANY		
DATE 3/23/2013 11:50:24 AM PDT	FAX NUMBER	18506176383	
	FROM	Natalie Nunez	
DE 505844227 DON MASSIE LLC	DATE	3/23/2013 11:50:24 AM PDT	
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COVER MESSAGE

Natalie Nunez

Legal Document Preparation Specialist

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COVER LETTER

TO: Registration Section					
Division of Corporations					
SUBJECT: DON!	MASSIE LLC				
	d Liability Company				
Name of Emilies	i Elability Company				
Dear Sir or Madam:					
Dur on Madam.					
The enclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.				
	5 ()				
Please return all correspondence concerning this m	atter to the following:				
	AZ: W				
Barbara Dang					
Name of Person	SS 20 07				
	mc -				
	THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU				
Legalzoom.com, Inc.	—— 5 <u>5</u> 5				
Firm/Company	25 ANIG 46 SECRETARY OF STATE ALLAHASSEE, FLORE				
100 W. Broadway Suite 100					
Address	············				
Glendale, CA 91210					
City/State and Zip Code					
CUSTOMER'S EMAIL ADDRESS					
CUSTOMER'S EMAIL ADDRESS E-mail address: (to be used for future annual report notification	on)				
For further information concerning this matter, plea	ase call:				
Barbara Dang at (323) 962-8600				
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	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
<u></u>					
S25 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 60 liability company submits the following statement in o agent, or both, in the State of Florida.	8.508, Florida Statutes, the trader to change its registered	indersigned limited office or registered		
1. Name of the limited liability company:	DON MASSIE LLO	2		
2. (a) Principal office address of limited liability comp	any:			
(Note: MUST BE STREET ADDRESS)	1294 SUMMIT RUN CI WEST PALM BEACH F			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	1294 SUMMIT RUN CI WEST PALM BEACH F			
03/10/2011	£11000029	9812 - 1 ~		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown	on the records of the Florida [Deption State		
Registered Agent:	MASSIE, DONALD R	ASSET ST.		
Registered Office Address:	1294 SUMMIT RUN CI WEST PALM BEACH F	R. TO 200		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office addr			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13302 Winding Oak Co	13302 Winding Oak Court Suite A		
	Tampa	"FL <u>33612</u>		
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability company.	te Florida street address of the lentical. Or, in the case of a F te(s) was/were authorized by a therwise provided in the article	registered office lorida limited n affirmative vote		
Signature of a member or alaborized representative of a member				
Don Massie Printed or typed name of signce				
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 508, F.S. Or if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity y position as registered agent y merely reflect a change in the pany has been notified in writi	. I further agree to iance of my duties, as provided for in registered office ng of this change.		
•	it on behalf of United States Co			
Division of Corporations, P.O. Box		14-		