

L11000051025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

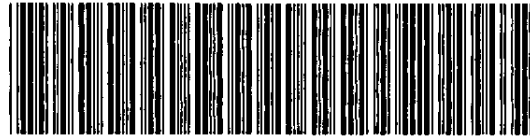
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 13 AM 6:55

AUG 14 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Saveologist 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)

For further information concerning this matter, please call:

Paula McKane

Name of Person

at (954) 653-9600 ext. 7720

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 AUG 13 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 1, 2013

REID SHAPIRO
ELEPHANT GROUP INC
5259 COCONUT CREEK PKWY
MARGATE, FL 33063

SUBJECT: MYSAVEOLOGIST LLC
Ref. Number: L11000051025

We have received your document for MYSAVEOLOGIST 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 013A00018533

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: My Savedologist LLC
2. (a) Principal office address of limited liability company: 5259 Coconut Creek Pkwy
Margate, FL 33063
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 5259 Coconut Creek Pkwy
Margate, FL 33063
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 04/29/2011
4. Document number: L11000051025

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:

(**MUST BE FLORIDA STREET ADDRESS**)

5259 Coconut Creek Pkwy
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 signer

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