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(Requestor's Name)			
(Address)			
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PICK-UP	MAIT	MAIL	
(Business Entity Name)			
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SECRETARY OF STATE TALL AHASSEE FEBRIA

J. SAULSBERRY EXAMINER

MAY 17 2012

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJECT: Web Evolved LLC			
	Name of	Limited Liability Company	
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concernin	g this matter to the following:	
	Lara Disch		
	Name of Person		
	Web Evolved LLC		
	Firm/Company		
	100 Rialto Place, Suite 70	<u> </u>	2012
	Address	AHA TI	2012 MAY 16
	Melbourne, FL 32901	SSE SSE	91
			P
			<u>-1</u>
	support@webevolved.cor		⊕ 2 2
E	-mail address: (to be used for future annual report	notification)	№
For fi	urther information concerning this ma	tter, please call:	
	Lara Disch	at (321) 473-3206	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Registration Section			
Division of Corporations 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 follow	ing 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.

and on the state of 2 to 1 that	
Name of the limited liability company:	Web Evolved LLC
2. (a) Principal office address of limited liability compan	y: 565 Lamon St SW
(Note: MUST BE STREET ADDRESS)	Palm Bay, FL 32908
(b) Mailing address of limited liability company:	565 Lamon St SW
(Note: MAY BE POST OFFICE BOX)	Palm Bay, FL 32908
May 13, 2011	L11000056689
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida Dent of State:
Registered Office Address:	565 Lamon St SW SP. 65 Palm Bay, FL 32908
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: 2
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	100 Rialto Place Suite 700 Melbourne ,FL 32901
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of Registered Agent	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.
Division of Cornerations P.O. Roy 63	27 Tallahassaa El 22214

FILING FEE: \$25.00

INHS18 (05/08)