## L11000074942

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| (Red                                    | questor's Name) |           |
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| (Address)                               |                 |           |
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| (Address)                               |                 |           |
|   | •               |           |
| (City/State/Zip/Phone #)                |                 |           |
| _                                       | _               | _         |
| PICK-UP                                 | WAIT            | MAIL      |
|   |                 |           |
| (Business Entity Name)                  |                 |           |
|   |                 |           |
| (Document Number)                       |                 |           |
|   |                 |           |
| Certified Copies                        | Certificates    | of Status |
|   |                 |           |
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| Special Instructions to Filing Officer: |                 |           |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Saveology Tech 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.  |
| 3303 West Commercial Blud   |
| Fort Lauderdale, FL 33309 City/State and Zip Code   |
| PMCKane @elephantaroup.com E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  |
| Paula McKane at (954) 657-9600 ext 777at  |
| 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  |

## 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:   | ogyTech UC  |
|---|---|
| 2. (a) Principal office address of limited liability compar ( <u>Note: MUST BE STREET ADDRESS</u> )   | ry: 3303 West Commercial Blud<br>Fort Laudendale, FL 33309  |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  | 3303 West Commercial Blud<br>Firt Laurlandale, FL 33309   |
| 06/28/2011  | L 11000074942   |
| 3. Date of filing/registration in Florida   | 4. Document number  |
| 5. (a) Registered Agent and Registered Office shown or  | the records of the Florida Dept. of State:  |
| Registered Agent:   | Beid Shapin   |
| Registered Office Address:  | 5259 Coconut Creek PKWY<br>Margate, FL 33063  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :  | EW Registered Office address:   |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 3303 West Commercial Blud<br>Fort Lauderdale ,FL 33309  |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change (the 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  Printed or typed name of signee | Florida atreat address of the projetom doffice  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes 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 m address, 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, position as registered agent as provided for in werely reflect a change in the registered office my has been notified in writing of this change. |

Signature of Registered Agent