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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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N. Culligan DEC 1 1 2012

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: FIXOlogy 2 LLC	
Name of Limited Lia	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Marthew Evacul	
Name of Person	<del></del>
Firm/Company	<del></del>
901 N. Congress Aue Ste B-101	
Boynton Blach FL 33424 City/State and Zip Code	
Matta four 9 mp. Low  E-mail address: (to be used for future aroual report notification)	<del></del>
For further information concerning this matter, please	call:
Melane Priest at (8)	7218033  Area Code & Daytime Telephone Number
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 amoun-	<b>t:</b>

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

## 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.

agent, or both, in the state of Florida.	
1. Name of the limited liability company: Fixolog	142LLC
2. (a) Principal office address of limited liability compa ( <i>Note: MUST BE STREET ADDRESS</i> )	any: 901 N Congress Ave Ste B-101 Boynton Beach FL 33426
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 4261 Boynton Beach FL 33424-426
12/27/11	L1200000893
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State
Registered Agent:	Matthew Evacel 52 5
Registered Office Address:	2790 Windham (27 5 Delry Beach FC 33475
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	JEW Pagistared Office address:
	Matthew Evalue
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	901 N Congressau Steb-101 Bainton Beach, FL 33421
If the limited liability company is not organized under the confirmed that after the change or changes are made, the	ne laws of the State of Florida, it is hereby E Florida street address of the registered office

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

Matthew Wall

Printed or typed name of signee

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 Degistered Age

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