

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800252564568

10/09/13--01022--025 **50.00

13 00T -9 PM 4: 18

"NI ANY OF STATE
"NI ANY OF STATE

OCT 10 2013 EXAMINER K. SALY

COVER LETTER

Division of Corporations		
SUBJECT: Mr. Oil Saver, LLC		
Name of Limited Liability	y Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change at	nd fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Chris Daskalakis		
Name of Person		
Mr. Oil Saver		
Firm/Company		
475 S. Shell Rd. Ste. 1C		
Address	•	
Debary, FL 32713		
City/State and Zip Code		
chris@mroilsaver.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Chris Daskalakis at (407	509-1449	
Name of Person . As	rea Code & Daytime Telephone Number	
	LING ADDRESS:	
<u> </u>	Registration Section	
	Division of Corporations P.O. Box 6327	
	hassee, Florida 32314	
Tallahassee Florida 32301	•	

 \square \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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: Mr. Oll Saver, LL	LC .
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 475 S. Shell Rd. Ste. C1 Debary, FL 32713
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same
3/2/2012	L12000030697
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	
Registered Office Address:	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: Chris Daskalakis
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	475 S. Shell Rd Ste. C1 Debary, FL 32713
MOST DE LEGICIENT MEET MEET MEET	,FL
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 id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of rwise provided in the articles of organization or
Chris Daskalakis Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

Signature of Registered Agent