

L120000523 62

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2013 SEP 23 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SureVerify 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:

Thomas Lewis

Name of Person

SureVerify LLC

Firm/Company

9282 Legare St

Address

Boca Raton

City/State and Zip Code

tom@sureverify.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Lewis

Name of Person

at ( 561 ) 870-5717

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

**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: SureVerfy LLC

2. (a) Principal office address of limited liability company: 9282 Legare St  
Boca Raton, FL 33434  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: PO BOX 970126  
Coconut Creek, FL 33097  
**(Note: MAY BE POST OFFICE BOX)**

04/18/2012

3. Date of filing/registration in Florida

L12000052362

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: SHELTON, EVAN K

Registered Office Address: 5285 NW 112TH TERR  
CORAL SPRINGS, FL 33076

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Thomas Lewis

NEW Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)**  
9282 Legare St  
Boca Raton, FL 33434

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

Thomas Lewis  
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 Registered Agent

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

FILED

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SECRETARY OF STATE