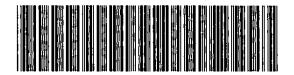
L12000081722

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)	1		
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

M. Culligan AUG 10, 2013

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ			
	Name of	Limited Liability Company	
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for f	iling.
Please	e return all correspondence concerning	g this matter to the following:	
Lec	on Williams		
	Name of Person		
Му	FaceSaving.com LL0	<u>C</u>	
	Firm/Company		
219	97 NW 53rd Street		
	Address		
Во	ca Raton, FL 33496-	3477	
	City/State and Zip Code		
leo	nw@leonw.com		
E	-mail address: (to be used for future annual report	notification)	
For fu	orther information concerning this mat	tter, please call:	
Lec	on Williams	at (772) 532-1386	
	Name of Person	Area Code & Daytime Telephone Nun	iber
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations P.O. Box 6327	
	Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
•	Tallahassee, Florida 32301	,	
	Enclosed is a check for the followi	ing amount:	
	\$25 Filing Fee	□ \$55 Filing Fee & Certified Cop	у

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: MyFaceSaving.co	m LLC		
2. (a) Principal office address of limited liability compa	nav: 2197 NW 53rd Street	TA SE	
(Note: MUST BE STREET ADDRESS)	Boca Raton, FL		
(11000 111001 00 0111001 11000)	33496-3477	全面 医 丁	
		ASA - E	
(b) Mailing address of limited liability company:	2197 NW 53rd Street	<u> </u>	
(Note: MAY BE POST OFFICE BOX)	Boca Raton, FL 33496-3477		
	33490-3471		
07/05/2012	L12000087722		
	4. Document number	<u> </u>	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown o Registered Agent:	n the records of the Florida D		
1108101010111801111			
Registered Office Address:	13302 Winding Oak Court		
	A		
	Tampa, FL 33612		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Leon Williams	<u>ess</u> :	
NEW Registered Office Address:	2197 NW 53rd Street		
(MUST BE FLORIDA STREET ADDRESS)		ET 22400 0477	
	Boca Raton	,FL_33496-3477	
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 ide 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 Printed or typed name of signee	Florida street address of the entical. Or, in the case of a Fl (s) was/were authorized by ar wise provided in the articles of the entire of th	registered office orida limited a affirmative vote of of organization or	
I hereby accept the appointment as registered agent and 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	l agree to act in this capacity proper and complete perform position as registered agent o merely reflect a change in the any has been notified in writi	. I further agree to ance of my duties, is provided for in registered office ng of this change.	

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

Signature of Registered Agent