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(Requestor's Name)		
(Address)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
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Certified Copies	_ Centricates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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2013 DEC 17 PM 1: 49
SECRETARY PR STATE

DEC 1 8 2013 T. HAMPTON

COVER LETTER **

TO: Registration Section Division of Corporations	
SUBJECT: Saveology Travel LLC Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for fi	iling.
Please return all correspondence concerning this matter to the following:	
Reid Shapiro Name of Person	
Elephant Grup, Inc.	
3303 West Commercial Blvd Address	
Fort Lauderdale, FL 33309 City/State and Zip Code	
PMCKane@elephantamup.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Paula McKane at (954) 657-9660 ex	0 6 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Tallahassee, Florida 32301	
Enclosed is a check for the following 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: <u>Saveole</u>	gy Travel LLC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 3303 West Commercial Blue Fort Laudendale, FL 33309
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3303 West Commercial BIV Fort Lowderdale, FL 33309
08/21/2012	L12000107522
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:	Beid Shapino
Registered Office Address:	5259 Coconut Creek PKWY Margate, FL 33063
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3303 West Commercial Blvd Fort Lauderdale FL 33309
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be iderliability company, it is hereby confirmed that the change(sthe members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signiture of unember or authorized representative of a member Perd Shape	florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of vise provided in the articles of organization or
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 maddress, I hereby confirm that the limited liability compa	agree to act in this capacity = Fitting agree to roper and complete performative of the duties, osition as registered agent as provided for inversely reflect a change in the registered office my has been notified in writing of this change.

Signature of Registered Agent