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13 AUG 27 AN II: 5
SEGRETARY OF STATE

AUG 2 8 2013 T. MAINFTON

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Qology Direct LLC Name of Corporation			
DOCUMENT NUMBER: L12000135984			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Reid Shapiro Name of Contact Person Elephant Group, Inc Firm/Company			
Firm/Company			
5259 Coconul Creek Parkway			
Margate, FL 33063 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Reid Shapiro Name of Contact Person at (954) 1057 - 9600 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



RECEIVED

13 AUG 27 PM 3:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 8, 2013

REID SHAPIRO ELEPHANT GROUP INC. 5259 COCONUT CREEK PARKWAY MARGATE, FL 33063

SUBJECT: QOLOGY DIRECT SECURITY LLC

Ref. Number: L12000158881

We have received your document for QOLOGY DIRECT SECURITY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 313A00019053

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:O\C9	y Direct LLC.
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 5259 Cocord Creek Pluy Margate, FL 33063
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5259 Coconut Creek Pkuy Margate, FL 33063
01 07 2013	L12000158881
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on Registered Agent: Registered Office Address:	the records of the Florida Dept. of State: Michael Wallace 5259 Carput Creek Play Margatiff L 33063
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address: Pend Showing
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5259 Coconut Creek Pkmy Margate ,FL 33063
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 ider liability company, it is hereby confirmed that the change (sthe members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I are followed to the pand I are foll	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 the registered office ntical. Also 27 MILES OF STEARY OF STEA
Signatur Care givered Agen	

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