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Division of Corporations

4/16/2015 7:43:21 AM PDT

13239628300 From: Amanda Sando

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000093395 3)))



H150000933953ABC2

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : J20010000002
Phone : (323) 962-8600
Fax Number : (323) 962-3809

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
DIGITAL FACES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

15 APR 15 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED
15 APR 16 AM 4:19
STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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4-17-15

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4/16/2015 7:43:21 AM PDT

13236628300 From: Amanda Sando

From:

04/14/2015 08:57

#818 P.004/005

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** DIGITAL FACES, 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:

Chayenne Mossley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

karols.milka@gmail.com

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

For further information concerning this matter, please call:

Imelda Vasquez

Name of Person

at (323)

962-8600 ext 7950

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

INHS18 (12/13)

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15 APR 16 AM 4:19
TALLAHASSEE, FLORIDA

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4/16/2015 7:43:21 AM PDT

13239628300 From: Amanda Sando

From:

04/14/2015 08:58

#818 P.005/005

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: DIGITAL FACES, LLC2. (a) Principal office address of limited liability company: 664 NE 191ST TER(Note: MUST BE STREET ADDRESS)MIAMI, FL 33179

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)01/09/2015

3. Date of filing/registration in Florida

L15000005175

4. Document number

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

Registered Agent:

KAROLIS MIKALAUSKAS

Registered Office Address:

664 NE 191ST TER.664 NE 191ST TER., FL 33179(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:NEW Registered Agent:KAROLIS MIKALAUSKASNEW Registered Office Address:664 NE 191st Ter(Note: MUST BE FLORIDA STREET ADDRESS)Miami, FL 33179

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.

KAROLIS MIKALAUSKAS
Signature of member or authorized representative of a memberKarolis Mikalauskas

Printed or typed name of signer

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 605, 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.

Karolis Mikalauskas
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INH518 (12/13)