

216000159521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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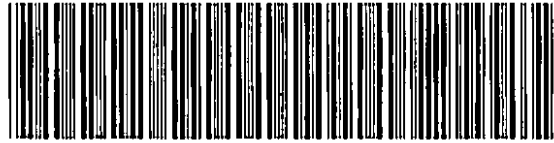
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section;  
Division of Corporations

**SUBJECT:** Lystra Marketing, 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:

Tracy L Shaffer

Name of Person

Lystra Marketing, LLC

Firm/Company

3867A Rachel Drive

Address

Santa Clara, UT 84765

City/State and Zip Code

message@lystramarkeing.com

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

For further information concerning this matter, please call:

Tracy Shaffer

Name of Person

at ( 321 ) 795-2360

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 605.0114 or 605.0116, 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: Lystra Marketing, LLC
2. (a) 5645 Coral Ridge Dr.  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Ste 207  
Coral Springs, FL 33076
- (b) 3867A Rachel Drive  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Santa Clara, UT 84765
3. 8/25/2016 Date of filing/registration in Florida
4. L16000159521 Document number
5. (a) Legal Zoom  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
United States Corporation Agents, Inc.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
13302 Winding Oak Court  
Tampa, FL 33612
- (b) Michael L. Shaffer  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
5645 Coral Ridge Dr.  
**NEW Registered Office Address**:  
Ste 207  
Coral Springs, FL 33076

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.

Tracy L Shaffer  
Signature of a member or authorized representative of a member

Tracy L Shaffer

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.*

[Signature]  
Signature of Registered Agent

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

FILING FEE: \$25.00