N12000 11118

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
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SECRETARY OF STATE TALLAHASSEE. TORIDA

JC8/5

COVER LETTER

Division of Corporations
SUBJECT: Saveology Foundation Inc. Name of Corporation
DOCUMENT NUMBER: N1200001118
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 Namelof Contact Person
Elephant Group, Inc
5259 Cocond 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 at (954) 657 - 9600 Name of Cohtact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of change is submitted for a corporation organized under the laws of the State of	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Saveology Foundation, LLC	
2. The principal office address: 5259 Coconut Creek Parkway	
Margate, FL 33063	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/28/2012 Document number: 120000 11118	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Michael Wallace - resigned	
5259 Coconut Creek Parkway	SEC
Margati, FL 33063	XETA
6 The name and street address of the new registered exact (if showed) and (a waite of 4.55).	RY OF
(if changed): Read Shapiro	STATE
5259 Cocont Creek Parkway P.O. Box NOT acceptable	
Margati, FL 33063	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.	
REID SHAPIRO	
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 obligation of my position as registered agant of the registered office address, I	
hereby confirm that the corporation has been notified in writing of this change.	
Signature of Registered Agent (fully 34; 30/3 Date	
If signing on behalf of an entity:	
Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *