

N12000011118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

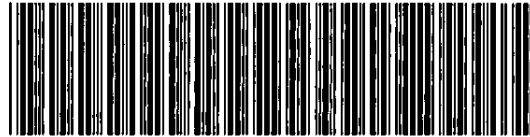
(Business Entity Name)

(Document Number)

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14 FEB 10 PM 12:37  
SECRETARY OF STATE  
FEB 10 2014

APPROVED  
/ND  
FEB 10

C. LEWIS  
FEB 11 2014  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 31, 2013

REID SHAPIRO / ELEPHANT GROUP INC  
3303 W COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33309 US

SUBJECT: SAVEOLOGY FOUNDATION INC.  
Ref. Number: N12000011118

We have received your document for SAVEOLOGY FOUNDATION INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 013A00029367

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Saveology Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N 12000011118

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:

Paula McKane  
Name of Contact Person

Elephant Group  
Firm/Company

3303 West Commercial Blvd.  
Address

Fort Lauderdale, FL 33309  
City/State and Zip Code

pmckane@elephantgroup.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

14 FEB - 7 PM 1:04

RECEIVED

For further information concerning this matter, please call:

Paula McKane at (954) 691-9520  
Name of Contact Person 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  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Florida 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, Inc.  
2. The principal office address: 3303 West Commercial Blvd.  
Fort Lauderdale, FL 33309  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/28/2012 Document number: N1200001118

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)

Shapiro, Reid  
5259 Coconut Creek Parkway  
Margate, FL 33063

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

3303 West Commercial Blvd.  
P.O. Box NOT acceptable  
Fort Lauderdale, FL 33309

APPROVED  
AND  
FILED  
14 FEB 10 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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.

\_\_\_\_\_  
Signature of an officer or director

\_\_\_\_\_  
Printed or typed name and title

*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 agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

X [Signature]  
\_\_\_\_\_  
Signature of Registered Agent

02/04/2014  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)