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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888)705-7274

Fax Number

: (888)706-7274

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

Email	Address:			

## REGISTERED AGENT CHANGE SHOP.COM MARKETPLACE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



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## **COVER LETTER**

TO: Registration Section

Division of Corporations

SHOP.COM MARKETPLACE, INC.

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:

Mary Castillo			
Name of Person			
Registered Agent Solutions, Inc.			
Firm/Company			
5301 Southwest Pkwy, Suite 400			
Address	<u> </u>		
Austin, Texas 78735			
City/State and Zip Code			
E-mail address: (to be used for future ann	ual report notification	n)	
For further information concerning this matter,	please call:		
Mary Castillo	at (_888)	705-7274	
Name of Person		ea Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:		NG ADDRESS:	
		egistration Section ivision of Corporations	

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

S55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

P.O. Box 6327

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## 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

a) ,	155 OFFICE PLAZA DR.		(b) 1302 PLEASANT RIDGE ROA		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company.  (Note: MAY BE POST OFFICE BOX)		
			GREENSBORO, N		
	TALLAHASSEE, FL 32301				
	08/24/2009	Р	09000071107		
	Date of filing/registration in Florida	4.	Document number		
a)	Ashley, Marc				
	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:		
	155 Office Plaza Dr.				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		20	
	Suite A			24,	
	Tallahassee	FL 32301		2024, JASI 26	
1)	Registered Agent Solutions, Inc.			5	
	Enter name of NEW Registered Agent and/or NEW Register	red Office addres	<u>Y</u> :	<del>:</del> :	
	2894 Remington Green Ln.			8:1:8	
	NEW Registered Office Address:	<u> </u>			
	Ste. A				
	Tallahassee	<sub>FL</sub> 32308			

[ISI Mackenzie Hibler	Mackenzie Hibler, Authorized Person		
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 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.

Mackenzie Hibler, Assistant Secretary

Signature of Registered Agent