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COVER LETTER

TO:

Amendment Section Division of Corporations

LIFE'S ORGANICS OF KY, INC.

Name of Corporation

DOCUMENT NUMBER:

F18000005053

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:

Alicia Richards	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call	l:
Alicia Richards	at (888) 705-7274
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

→ 18506175380

statement of cha	provisions of sections 607.0502, 617 nge is submitted for a corporation or r to change its registered office or r	organized w	ider the la	vs of the State of	Kentucky			
2. The principal	he corporation: LIFE'S ORG office address: 315 Shorlar KY 41094			KY, INC.				
	ddress (if different):				20005050			
4. Date of incorp	poration/qualification: 10/25/2	<u>.018</u> i	Document	number: F180	JUUUU5U53			
	street address of the current registe tment of State: (If resigned, enter re CORPORATION S	signed)	•					
	1201 HAYS STREET				 M			
	TALLAHASSEE		FL	32301	office 350			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc.								
	2894 Remington Green Ln. Ste. A							
	Tallahassee	O. Box NOT ac	3230	08	_			
The street addre as changed will	ss of its registered office and the sbe identical.	treet addres	s of the bu	siness office of	its registered agent.			
Such change wa authorized by th	s authorized by resolution duly ad- e board, or the corporation has bee	opted by its en notified	board of on writing of	directors or by a of the change.	n officer so			
ISI George Signatur	Sleeman e of an officer or director	Geo		leeman	Authorized Representative			
l hereby accept l furthér agree t of my duties, an document is beit corporation has	the appointment as registered ages o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agre ! statutes re z obligation in the regis ange.	e to act in lative to th of my pos tered offic	this capacity, we proper and co ition as register e address, I hero	mplete performance ed agent. Or, if this eby confirm that the			
Mo	مع الله مع الله المع المع المع المع المع المع المع المع	05	5/05/20)25				
Sign	nature of Registered Agent			Date				
If signing on bel	half of an entity:							
	r, Assistant Secretary							
1)	sped or Printed Name * * * FILING	G FEE: \$ 3:	5.00 * * *					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)