

Division of Corporations

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L13000042671

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3689

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

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
LIFE SOURCE TRADING LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED

14 JUN -3 PM 4: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUN 4 2014  
EXAMINER

14 JUN -3 AM 11: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

APPROVED  
AND  
FILED

Electronic Filing Menu Corporate Filing Menu Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIFE SOURCE TRADING 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

hometown2010@hotmail.fr

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

For further information concerning this matter, please call:

Imelda Vasquez

Name of Person

at ( 323 )

952-8600 ext 7950

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

14 JUN -3 AM 11:21

SECRETARY OF STATE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114, 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: LIFE SOURCE TRADING LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: \_\_\_\_\_  
*(Note: MAY BE POST OFFICE BOX)*

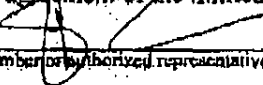
03/21/2013 L13000042671

3. Date of filing/registration in Florida 4. Document number

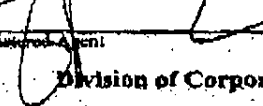
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: United States Corporation Agents, Inc.  
Registered Office Address: 13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: Claude Anelka  
NEW Registered Office Address: 3131 NE 188 Street, # 1904  
*(MUST BE FLORIDA STREET ADDRESS)* Aventura, FL 33180

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.

  
Signature of a member or authorized representative of a member  
Claude Anelka  
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 affirm that the limited liability company has been notified in writing of this change.

  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00