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COVER LETTER

INHS18 (2/14)

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Everything Life Publishing, 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: |
| Heather N. Goodrich Name of Person |
| Everything Life Publishing, LLC Firm/Company |
| 11924 Forest Hill Blvd, Ste 10A-129 Address |
| Wellington, FL 33414 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Heather N. Goodnich at (561) 345-2373 Name of Person 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 \$\square\$ \$55 Filing Fee & Certified Copy |

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

Pursuant to the provision 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 Florida.

| 1. Name of the limited liability company: Everything Life Publishing, | LLC |
|--|---|
| 2. (a) 11924 Forest Hill Blvd (b) 11924 Forest Hill | Blvd |
| Principal office address of limited liability company: Mailing address of limited | liability company: |
| (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST | OFFICE BOX |
| Ste 10A - 129 3 Ste 10A - 129 | |
| (Wellington, FL 33414 (Wellington, FL | 33414 |
| September 15, 2014 L 14000/43510 | |
| 3. Date of filing/registration in Florida 4. Document number | |
| 5. (a) Heather N. Goodrich | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | |
| 19535 Phipps Lane | |
| Registered Office Address MUST BE FLORIDA STREET ADDRESS | |
| <u> </u> | Ch pan —— |
| (Wellington , FL 33414 | |
| | 5 |
| (b) | 2 W |
| Enter name of NEW Registered Agent and of NEW Registered Office address: | PH 17 |
| 11924 Forest Hill Blvd. | 2 |
| NEW Registered Office Address: | |
| Ste 104 - 129 | |
| | |
| Wellington ,FL 33414 | |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby cor | ofirmed that after |
| the change or changes are made, the Florida street address of the registered office and the business of | fice of the registered |
| agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed the was/were authorized by an affirmative vote of the members of the limited liability company or as other | hat the change(s) erwise provided in |
| the articles of organization or the operating agreement of the limited liability company. | |
| Ulanda Mark Mark and the second secon | |
| Geather M. Booduch Heather N. Goodnice | |
| Signature of a member or authorized representative of a member Printed or typed name of | of signee |
| Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree provisions of all statutes relative to the proper and complete performance of my duties, and I am family the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc to merely reflect a change in the registered office address, I hereby confirm that the limited liability contified in writing of this change. | of signee |

BITTO10 (6/14)