

L17000027349

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

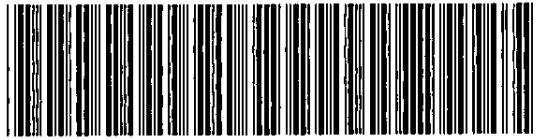
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR 11 2017  
S. YOUNG

17 APR 10 PM 3: 17  
LED STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA

**Matilde Miller**, Interim Secretary

**Rick Scott**, Governor

April 6, 2017

Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam,

The Department of Business and Professional Regulation has received the enclosed correspondence in error. Therefore, we are forwarding the documents and money order #17-544131824 in the amount of \$25 to your office to handle as you deem necessary.

If you have any questions, please call our Customer Contact Center at 850 487 1395, or email them at [www.contact.center@myfloridalicense.com](mailto:www.contact.center@myfloridalicense.com)

Thank you.

Department of Business and Professional Regulation

LA

Enclosure(s)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR 10 PM 3:28

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Club Lyfe 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:

Charles De Sousa  
Name of Person

The Club Lyfe LLC  
Firm/Company

PO BOX 10353  
Address

Daytona Beach, Florida 32120  
City/State and Zip Code

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

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 APR 10 PM 3:28

For further information concerning this matter, please call:

Charles De Sousa, Benjamin Brown at ( 386 ) 9869217  
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

**FORWARDED FROM**

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**MAR 31 2017**

**CIU**

**RECEIVED**

**MAR 31 2017**

**CIU Mail Intake**

**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 Florida.*

1. Name of the limited liability company: The Club Lyfe LLC
2. (a) 7 Brownstone Lane, Palm Coast Florida 32137  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
7 Brownstone Lane, Palm Coast Florida 3213
- (b) PO BOX 10353 Daytona Beach, FL 3212C  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
PO BOX 10353 Daytona Beach, FL 32120

3. 02/03/2017 Date of filing/registration in Florida
4. L17000027348 Document number

5. (a) Benjamin Brown  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
7 Brownstone Lane  
Palm Coast, FL 32137

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- Benjamin Brown  
NEW Registered Office Address:  
7 Brownstone Lane  
Palm Coast, FL 32137


17 APR 10 PM 3:28  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Charles De Sousa  
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 confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent