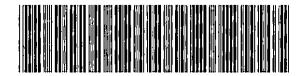
L17000 251559

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations							
SURT	SUBJECT: Lifesaver Leadership Development Name of Limited Liability Company							
3000								
Dear S	ir or Madam:							
The er	aclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to	the following:					
Joshi	ua Zepess							
	· Name of Person							
	. Firm/Company							
	Firm/Company							
1283	0 Penshurst Lane							
	Address							
Wind	ermere, FL 34786							
	City/State and Zip Code		-					
zepe	ssj@gmail.com							
·	-mail address: (to be used for future ann	nual report n	otification)					
For fu	rther information concerning this matter	, please call:						
Joshua Zepess		407	616-9616					
	- 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	g amount:						
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy					

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

1. Na	ame of the limited liability company: Lifesaver Lead				
2. (a)	12830 Penshurst Lane	_ (b	· 		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ŗ	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Windermere, FL 34786		Windern	nere, FL 34786	
		-			
	12/08/2017	_	L1700025	51559	
3.	Date of filing/registration in Florida	4.	<u>-</u>	Document number	
5. (a)	Danielle Zepess, MGR				
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			20 Sept. 15	
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	2		
	12830 Penshurst Lane			72	
	Windermere, FL	34786			
(b)	Joshua Zepess, MGR			AMILIO OF THE PARTY OF THE PART	
	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dress:	- μ	
	NEW Registered Office Address:			-	
	12830 Penshurst Lane			_	
	Windermere, FL	34786		_	
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liab	he reginated in the limited in the l	stered office ompany, it is sited liability iability con	e and the business office of the registere s hereby confirmed that the change(s) y company or as otherwise provided in appany.	
Signa	ture of a member or authorized representative of a member	Dai	Danielle Zepess Printed or typed name of signee		
l here provisi the obl to mer notified	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided cly reflect a change in the registered office address, I had im writing of this change.	e to act perform for in (ereby co	in this cape ance of my Chapter 603 onfirm that	··· •	