

L19000 216 687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

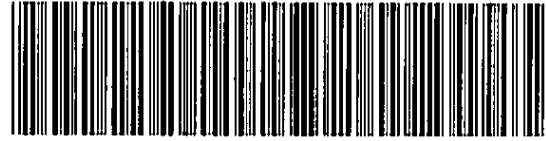
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400334947134

10/08/19--01016--001 *+25.00

FILED
19 OCT -8 AM 9:57
STATE DEPT OF STATE
TALLahassee, FL 32310

OCT 29 2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1804 Lifestyle Investments 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:

Samky Jean-Baptiste
Name of Person

1804 Lifestyle Investments LLC
Firm/Company

2423 SW 147th Ave #694
Address

Miami, FL 33185
City/State and Zip Code

Info@1804Lifestyle.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samky Jean-Baptiste at (323) 557-0863
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
- \$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 Florida.

1. Name of the limited liability company: 1804 Lifestyle Investments LLC

2. (a) 2423 SW 147th Ave #694 (b) 2423 SW 147th Ave #694

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

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

Miami, FL 33185 Miami, FL 33185

3. August 21, 2019 Date of filing/registration in Florida 4. L19000216687 Document number

5. (a) Jamky Jean-Baptiste
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

24 3479 NE 163rd St #660
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

North Miami Beach, FL 33160

FILED
19 OCT -8 AM 9:57
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

(b) Jamky Jean-Baptiste
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2423 SW 147th Ave #694
NEW Registered Office Address:

Miami, FL 33185

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]
Signature of a member or authorized representative of a member

Jamky Jean-Baptiste
Printed or typed name of signee

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]
Signature of Registered Agent