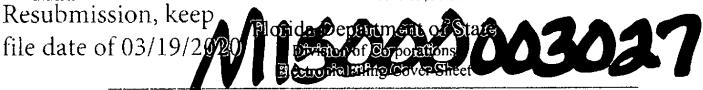
Division of Corporations



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Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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LLC REGISTERED AGENT CHANGE PURE LIVING ACQUISITION LLC

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O SIMMONS

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. Na	ame of the limited liability company: Pure Living Acqui	isition LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	20435 NORTH 7TH STREET	3280 BLC	OOR ST W, CENTRE TOWER, STE 1400
	PHOENIX, AZ 85024	TORONT	O, ONTARIO M8X-2X3 CA
	04/22/2015	M1500000	3027
3.	Date of filing/registration in Florida	4.	Document number
د. ر م			206
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	etc:
	CORPORATION SERVICE COMPANY		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	- : 19
	1200 HAYS STREET		- :
	TALLAHASSEE , FL	32301 	
(5)	C T Corporation System		H 8: 14
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	_
			_
	NEW Registered Office Address:		
	1200 South Pine Island Road		<u>_</u>
	Plantation, FI	33324	
the ch agent	limited liability company is not organized under the language or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization of the operating agreement of the	ws of the State of f f the registered offi jability company, in of the limited liabil	Florida, it is hereby confirmed that after ice and the business office of the registered tis hereby confirmed that the change(s) lity company or as otherwise provided in
		David Venezia	
	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the or to me notifi By:	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete hligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change. C T Corporation System Kimb	e performance of meed for in Chapter 6 hereby confirm the	apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been assistant Secretary
">ıR119	rate of megistered regain		