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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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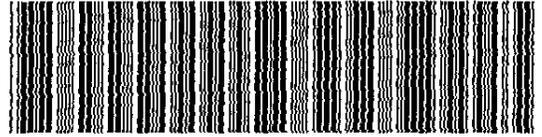
(Business Entity Name)

(Document Number)

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LAW OFFICES  
**FRANK J. GRECO, P.A.**  
A FLORIDA PROFESSIONAL ASSOCIATION  
4047 HENDERSON BOULEVARD  
TAMPA FLORIDA 33629  
TELEPHONE: (813) 287-0550  
FAX: (813) 289-5331

August 29, 2003

Division of Corporations  
P.O.Box 6327  
Tallahassee, Florida 32314

Re: Statement of Change of Registered Office or Agent

Dear Sirs:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both for Corporations regarding the following named companies. Also enclosed, please find individual checks made payable to the Florida Department of State to cover the required fees.

1. Residences Food, Inc.
2. Residence, Inc.
3. The Shadowcatcher, Inc.
4. Innovative Human Resources, Inc.
5. Preferred Staffing, Inc.
6. Bellissimo Ristorante, Inc.
7. Henry's Lock & Key Service, Inc.
8. CMRS Properties, LLC
9. Kaufman Financial, LLC
10. Epic Teleconsulting, Inc.
11. Back on the Farm Bible Conference, Inc.
12. Rudolph Acosta, Jr., M.D., P.A.
- \* 13. JAB, LLC
- \* 14. Anthony & Associates, Inc.
- \* 15. Arena Maniscalco, LLC
16. Lifespan Healthcare, LLC
17. JALY Properties, Inc.
18. Lifespan Design, INC.

If additional information is needed, please contact the undersigned.

Sincerely,

~~FRANK J. GRECO, P.A.~~

Frank J. Greco, Esquire

FJG/rf  
enclosures

\* fees paid under one check in the amount of \$105.00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LIFESPAN DESIGN, INC.  
 2. The principal office address: 2047 PINNACLE POINTE DR. 300  
NORCROSS, GA. 30071  
 3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 3/26/2001 Document number: PO1000030595  
 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FRANK J. GRECO  
115 N. Westshore Blvd. Ste 750  
TAMPA, FL. 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

FRANK J. GRECO  
4047 HENDERSON BLVD.  
(P.O. Box or personal mailbox NOT acceptable)  
TAMPA, FL. 33629

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 TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*Tomio Kato*  
(Signature of an officer, chairman or vice chairman of the board)

TOMIO KATO PRESIDENT  
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

*[Signature]*  
(Signature of Registered Agent)

8/29/15  
(Date)

[Signature]  
(If signing on behalf of an entity)

[Blank]  
(Typed or Printed Name)

[Blank]  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
 DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314