Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000254870 3)))



H240002548703ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.....

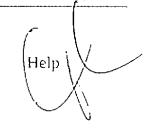
Email	Address:									
					•				_	

REGISTERED AGENT CHANGE PRACTICAL LIFE STRATEGIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of	Florida	1
	the corporation: PRACTICAL LIFE	egistered agent, or both, in the State of is	"lorida.	
2. The principal	office address:			
3. The mailing a	address (if different):			
4. Date of incor)31412			
5. The name and Florida Depar	d street address of the current registertment of State: (If resigned, enter re	red agent and registered office on file w signed)	ith the	
	COX, ASHLEY			
	4935A SW 27TH TERRACE		-	
	FT. LAUDERDALE, FL 33312		-	
6. The name and (if changed):	l street address of the new registered	agent (if changed) and /or registered of	- lice	2024 JUL 29
	REGISTERED AGENTS INC		_	2
	7901 4TH ST N STE 300		1,35	AH 6
	ST. PETERSBURG, FL 33702	O. Box NOT acceptable		14 8: 5 14 8: 5
The street addre	ess of its registered office and the st	reet address of the business office of it	s regist	ered agent,
- 1		opted by its board of directors or by an notified in writing of the change. Robin Jones, filing incorporator		so
I hereby accept I further agree t of my duties, an document is bei	the annointment as venistered and	nt and agree to act in this capacity, statutes relative to the proper and com obligation of my position as registered in the registered office address. I haval		verformance Or, if this rm that the
a javia	whore of Registered Agent	07/29/2024		
-	half of an entity:	Date		
David Roberts	and or an emery.			
	ped of Printed Name			

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