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PICK-UP	☐ WAIT	MAIL				
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Office Use Only



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J. SAULSBERRY EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUB.		ne Lifestyles Holdings, LLC. of Limited Liability Company	-		
		or zimieu ziwemi, compani,			
Dear	Sir or Madam:				
The e	enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.			
Pleas	e return all correspondence concern	ing this matter to the following:			
	Jared Jukel				
	Name of Person				
	Imagine Lifestyles Holdings	s, LLC.			
	Firm/Company				
	1602 Alton Road, #42	10 TALL 21			
	Address	SECRETARY OF STATE AND OF STATE OF STAT	•		
		ASA	- 24		
	Miami Beach, Florida 33	<u>1139</u>	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	City/State and Zip Code	m i i	į		
	•	OR TA	ć \.		
	jared@imaginelifestylesmail address: (to be used for future annual rep	com Grid C			
t	e-man address: (to be used for future annual rep	ort nourication)			
For fi	urther information concerning this n	natter, please call:			
	Jared Jukel	at (305) 4323205			
	Name of Person	Area Code & Daytime Telephone Number	-		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle	Tallahassee, Florida 32314			
	Tallahassee, Florida 32301				
	Enclosed is a check for the follo	wing 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 608.416 or 608.508, 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:	Imagine Lifestyles Holdings, LLC.					
2. (a) Principal office address of limited liability con	(a) Principal office address of limited liability company:		740 NW 25th Street			
(Note: MUST BE STREET ADDRESS)	ET ADDRESS) Miam		7	-		
(b) Mailing address of limited liability company:	1602 Alton Road					
(Note: MAY BE POST OFFICE BOX)	#420 Miami Beach, Florida 33139					
05/07/2010		L10000	049490			
3. Date of filing/registration in Florida	4. Doc	cument number				
5. (a) Registered Agent and Registered Office show	n on the reco	ords of the Florid	da Dept. o	of State:	:	
Registered Agent:	<u>Marc</u>	Marc Dobin				
Registered Office Address:		Hood Road Beach, Florida	<u>≱∞</u> 133418	20 0 NOV	word Plant	
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	Marc	istered Office ad Dobin Heritage Drive #230	ARWY STATE ASSESS FLORID.	/19 AMII:06		
(MOST DE TEORIDA STREET ADDRESS)		er ,FL <u>33458</u>			58	
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 of a member or authorized representative of a member						
Jared Jukel						
Printed or typed name of signee						
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to he proper an ny position a to merely ref npany has be	act in this capac d complete perfo is registered age lect a change in een notified in wi	city. I fur ormance of nt as prov the regist riting of th	ther ag of my di vided fo vered of his châ	ree to uties, or in ffice nge.	
Signature of Registered Agent						

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00