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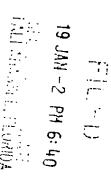
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## COVER LETTER

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TO: Registration Section Division of Corporations					
Tools 4 Life LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Changi	e and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to	o the following:				
Andres Eduardo Cavallin Attias					
Name of Person	<del></del>				
Tools 4 Life LLC					
Firm/Company					
10542 NW 51st ST					
Address					
Doral, FL 33178					
City/State and Zip Code					
andrescavallin@gmail.com					
E-mail address: (to be used for future annual report	notification)				
For further information concerning this matter, please cal	l:				
Andres Eduardo Cavallin Attias 305	3083937				
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				
INHS18 (2/14)					

## 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.

L. Na	ame of the limited liability company: Tools 4 Life LI	LC			
2. (a)	10542 NW 51st ST	(b) 10542 NW 51st ST			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		-	mited liability company: POST OFFICE BOX)
	Doral, FL 33178		Dora	al, FL 33178	
	02-07-2017	_	81-52	259900	-
3.	Date of filing/registration in Florida	4.		Document numb	ber
5. (a)	UNITED STATES CORPORATION AGENTS	S, INC.			
J. (u)	Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT	he Florid	і Дерт, с	of State.	
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRES!	<u> </u>	-	75. TO
	TAMPA	33612			
(b)	Andres Eduardo Cavallin Attias  Enter name of NEW Registered Agent and/or NEW Registered 10542 NW 51st ST	Office ad	dress'		19 JAN -2 PH 6: 4n
	NEW Registered Office Address:				317
	Doral .FL	33178			
the cha agent w was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi bility co f the lin	stered ompany ited lia	office and the busines y, it is hereby confirm ability company or as	s office of the registered ed that the change(s)
			duardo Cavallin A	attias	
	ture of a member or authorized representative of a member			Printed or typed na	C
provision the oblication to the object to th	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I h I in writing of this change	re to aco perform I for in G pereby c	in this ance of Thapte onfirm	s capacity. I further a f my duties, and I am j r 605, F.S. Or, if this that the limited liabil	gree to comply with the familiar with and accept document is being filed ity company has been

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