

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000068669

Entity Name: SMARTLIFE INSURANCE, INC.

Current Principal Place of Business:

10855 S. US1 ROOM 140
PORT ST LUCIE, FL 34952

Current Mailing Address:

646 CYPRESS POINT DR.
EGG HARBOR CITY, NJ 08215 US

FEI Number: 82-2203937

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ST. AUGUSTINE LAW GROUP, P.A.
320 HIGH TIDE DRIVE
STE 101
ST AUGUSTINE, FL 32080 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARD L. BROOKS II

02/25/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, VP, S, T, D, C

Name CHERRY, JOSEPH

Address 10855 S. US1 ROOM 140

City-State-Zip: PORT ST LUCIE FL 34952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH CHERRY

P

02/25/2019

Electronic Signature of Signing Officer/Director Detail

Date