2002 UNIFORM BUSINESS REPORT (UBR)

Jun 23, 2002 8:00 am Secretary of State DOCUMENT # L01000015900 06-23-2002 90505 031 ****50.00 1. Entity Name LIFE JOURNEYING LC Principal Place of Business Mailing Address 106 W 7TH AVE 108 W 7TH AVE TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #13 4. FEI Number 5 Applied For City & State City & State 9-3747914 ALLAHAJSEE Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KUNLE, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 108 W 7TH AVE #13 **TALLAHASSEE FL 32303** Zio Code 8. 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 614 (11) Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 9, MANAGING MEMBERS/MANAGERS 10. TITLE TITLE Change ■ Addition 9/01 ☐ Delete KUNLE CHARLES E. NAME NAME CR2E083 STREET ADDRESS STREET ADDRESS TALLAHASSEE. FL 33303 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as If made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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