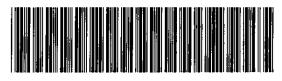
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SECRETARY OF STATE (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies_ Certificates of Status_ Special Instructions to Filing Officer:

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06/05/06--01041--001 **25.00

COVER LETTER

Division of Corporations				
SUBJECT: Lifestyle Solutions LLC (Name of Limite	d Liability Company) SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
Holger Speth (Name of Person)				
Lifestyle Solutions, LLC (Firm/Company)				
420 Earl Ave	The Administration was the state of the stat			
(Address)				
Melbourne, FL 32901 (City/State and Zip Code)				
For further information concerning this matter, ple	rase call:			
Holger Speth at (321) 274-9922			
(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 amo	ount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			
INHS18 (8/05)				

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. The name of the lin	mited liability compan	y is: LIFESTYLE	SOLUTIONS, LLC	
2. The mailing address	ss of the limited liabili	ity company is: !	NEW: 420 EARL AVE	,
MELBOURNE, FL 3290	01			SECRETARY OF STATE TALLAHASSEE, FLORIDA
JULY 9, 2003			L03000024815	
3. Date of filing/regis	tration in Florida		4. Document num	per
5. The name of the reg Florida Department	of State:	•	address as shown or	the records of the
	HOLGER SPE			
	1901 S. HARBO	Name	SUITE 600	
	1301 0.1171120	Address	000	
	MELBOURNE, F	L 32901		
		City, State and Zi	p	
6. The name and addre	ess of the new register	red agent and/or o	office:	
	HOLGER SPET	<u>H</u>		
	420 EARL AVE	Name		
	420 EARL AVE	dress (P.O. Boy	NOT acceptable)	
	i iorida street ad	idicas (i .O. Dox i	1401 acceptable)	
	MELBOURNE,	FL 3290		
	Ci	ity, State and Zip		
If the limited liability confirmed that after the and the business office liability company, it is of the members of the or the operating agrees	e change or changes a e of the registered age s hereby confirmed tha	are made, the Flo nt will be identic at the change(s) v	rida street address o al. Or, in the case o vas/were authorized	orida, it is hereby f the registered office f a Florida limited by an affirmative vote articles of organization
(Signature of a member of a	MONIL phorized representative of a r	member)		
HOLGER SPETH				
(Printed or typed name of sig	,/			
(Wh)	opointment as register sions of all statutes reliand accept the obligation if this document is being that the limited lid	red agent and agr lative to the prop ations of my posit ing filed to mere ability company l	ree to act in this cap er and complete per tion as registered as ly reflect a change i as been notified in t	acity. I further agree to formance of my auties, ent as provided for in the registered office writing of this change.
(Signature of Registered Age	₹			
' Div	ision of Corporations	s, P.O. Box 6327	, Tallahassee, FL	32314

FILING FEE: \$25.00

INHS18 (8/05)