## L050W000545

(Requestor's Name)			
·			
(Address)			
(Address)			
(Addi			
(City/State/Zip/Phone #)			
	_	_	
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Nar	пе)	
(Document Number)			
Certified Copies	Certificates	s of Status	
· · · · · · · · · · · · · · · · · · ·			
Special Instructions to Filing Officer:			
Special instructions to 1	illing Cilioci.		
<u> </u>			

Office Use Only



800161443158

10/09/09--01038--011 \*\*25.00

B. KOHR OCT 1 2 2009

**EXAMINER** 

## **COVER LETTER**

Registration Section

TO:

Division of Corporations				
SUBJECT:SMAF	RT FOR L	.IFE-JUPITE	ER. L.L.C.	
		l Liability Com		_
			•	9
Dear Sir or Madam:			G G	) <sup>(</sup>
The enclosed Registered Agent/Register	red Office (	Change and fee(	s) are submitted for filing.	6-130
Please return all correspondence concer	ning this m	atter to the follo	owing:	9
Deborah Love				
Name of Person				
Friedman, Rosenwasser, & Go	<u>ldbaum, P</u>	<u>.A.</u>		
Firm/Company				
5355 Town Center Road, S	Suite 801_			
Address				
Boca Raton, Florida 3	3486		i	
City/State and Zip Code		<del></del>		
dlove@frglaw.com E-mail address: (to be used for future annual re	<u>1</u>			
E-mail address: (to be used for future annual re	eport notification	on)		
For further information concerning this	matter, plea	ase call:		
-	•			
Deborah Love	at (	561 )	395-5511	
Name of Person	at (_		& Daytime Telephone Number	_
STREET/COURIER ADDRESS:	•	MAILING ADDRESS:		
Registration Section		Registration Section Division of Corporations		
Division of Corporations				
Clifton Building 2661 Executive Center Circle		P.O. Box 632		
Tallahassee, Florida 32301		i ananassee,	Florida 32314	
Enclosed is a check for the following	lowing amo	ount:		
\$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.

agoin, or dom, in the state of 1 to that.			
Name of the limited liability company:	Smart For Life-Jupiter, L.L.C.		
2. (a) Principal office address of limited liability comp	pany: 3350 NW Boca Raton Blvd., #B-38		
(Note: MUST BE STREET ADDRESS)	Boca Raton, Florida 33486 33431		
(b) Mailing address of limited liability company:	3350 NW Boca Raton Blvd., #B-38		
(Note: MAY BE POST OFFICE BOX)	Boca Raton, Florida 33486 3343		
01/03/2005	L0500000545		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:		
· Registered Agent:	Mitchell F. Green		
Registered Office Address:	4000 Hollywood Blvd., Suite 485-South		
	Hollywood, Florida 33021		
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:		
NEW Registered Agent:	Friedman Rosenwasser & Goldbaum PA		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5355 Town Center Road Suite 801		
	Boca Raton ,FL 33486		
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company.	ne Florida street address of the registered office		
Signature of amember or authorized representative of a member			
Signature of authorized tepresentative of articinoes	CT PRE		
Sasson Moulavi Printed or typed name of signee			
I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I furthe agree to be proper and complete performance of my duties of position as registered agent as provide for his merely reflect a change in the registered officer bany has been notified in writing of this change.		

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

Signature of Registered Agent