## 20600013091

| (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: |
|   |
|   |
|   |
|   |

Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations                  |   |  |  |  |  |                    |
|--|---|--|--|--|--|--------------------|
| SUBJECT: Happy Living LLC  Name of Limited Liability Company       |   |  |  |  |  |                    |
|  |   |  |  |  |  | Dear Sir or Madam: |
| The enclosed Registered Agent/Registered Office Cha                | inge and fee(s) are submitted for filing. |  |  |  |  |                    |
| Please return all correspondence concerning this matter            | er to the following:                      |  |  |  |  |                    |
| Ethyl Lynn Hendrickson   |   |  |  |  |  |                    |
| Name of Person   |   |  |  |  |  |                    |
| Happy Living LLC   |   |  |  |  |  |                    |
| Firm/Company   |   |  |  |  |  |                    |
| 1112 Lanyard Street  |   |  |  |  |  |                    |
| Address  |   |  |  |  |  |                    |
| Palm Harbor, FL 34685  |   |  |  |  |  |                    |
| City/State and Zip Code  | <del></del>                               |  |  |  |  |                    |
| ELHappyLiving@gmail.com  |   |  |  |  |  |                    |
| E-mail address: (to be used for future annual report notification) |   |  |  |  |  |                    |
| For further information concerning this matter, please             | call:                                     |  |  |  |  |                    |
| Ethyl Lynn Hendrickson 8   | 64 909.7553                               |  |  |  |  |                    |
| Name of Person   | Area Code & Daytime Telephone Number      |  |  |  |  |                    |
| STREET/COURIER ADDRESS:  | MAILING ADDRESS:                          |  |  |  |  |                    |
| Registration Section   | Registration Section                      |  |  |  |  |                    |
| Division of Corporations   | Division of Corporations                  |  |  |  |  |                    |
| Clifton Building   | P.O. Box 6327                             |  |  |  |  |                    |
| 2661 Executive Center Circle                                       | Tallahassee, Florida 32314                |  |  |  |  |                    |
| Tallahassee, Florida 32301   |   |  |  |  |  |                    |
| 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.

| I. N                                     | ame of the limited liability company: Happy Living   | LLC   |  |   |
|--|--|---|--|---|
| 2. (a)                                   | 1112 Lanyard Street, Palm Harbor, FL 3468  | 5 (b)   |  |   |
| . ,                                      | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limi (Note: MAY BE PO   |   |
| 2  | Feb 6, 2006  | L0600   | 00013091   |   |
| 3.                                       | Date of filing/registration in Florida   | 4.  | Document number  | 7   |
| 5. (a)                                   | Ethyl Lynn Hendrickson   | <u> </u>  | <del></del> -  |   |
|  | Registered Agent and Registered Office shown on the records of the 1112 Lanyard Street   | he Florida Dept. of   | State:   |   |
|  | Registered Office Address (MUST BE FLORIDA STREET A  | DDRESS)   |  |   |
|  | Palm Harbor  | 34685   | <del></del>  | 18 837  |
| (b)                                      | Ethyl Lynn Hendrickson   |   |  |   |
| (0)                                      | Enter name of NEW Registered Agent and/or NEW Registered (   | Office address:   | <del></del>  | 25 磁磁 19<br>ASSECTELOBILA   |
|  | NEW Registered Office Address:   |   |  | 0.81€ <b>6</b>  |
|  | 1112 Lanyard Street  |   |  | •   |
|  | Palm Harbor  | 34685   |  |   |
| ne char<br>gent w<br>vas/wer<br>he artic | mited liability company is not organized under the laws age or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of eles of organization or the operating agreement of the liable of a member or authorized representative of a member | he registered of<br>pility company,<br>the limited liab<br>imited liability ( | fice and the business of it is hereby confirmed wility company or as othe company.  Hendrickson                | ffice of the registered that the change(s) erwise provided in                               |
|  | •  |   | Printed or typed name  |   |
|  | y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I he writing of this change.  Jos Registered Agent   | e to act in this c<br>erformance of t<br>for in Chapter t<br>ereby confirm th | capacity. I further agre<br>my duties, and I am fam<br>605, F.S. Or, if this do<br>nat the limited liability o | te to comply with the<br>iliar with and accept<br>cument is being filed<br>company has been |