

LO7000007513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

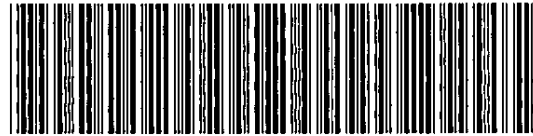
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

OCT - 2 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2012

ALLY MARTIN
4270 OAK CIRCLE
BOCA RATON, FL 33431

SUBJECT: BETTER LIVING ENTERPRISES, LLC
Ref. Number: L07000007513

We have received your document for BETTER LIVING ENTERPRISES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 912A00023800

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BETTER LIVING ENTERPRISES, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALLY O. MARTIN

Name of Person

BETTER LIVING ENTERPRISES, LLC

Firm/Company

4270 OAK CIRCLE

Address

BOCA RATON, FL 33431

City/State and Zip Code

BETTERLIVINGFLORIDA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALLY O. MARTIN

Name of Person

at (561)

347-1382

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. Name of the limited liability company: BETTER LIVING ENTERPRISES, LLC

2. (a) Principal office address of limited liability company: 4270 OAK CIRCLE

(Note: **MUST BE STREET ADDRESS**)

BOCA RATON, FL 33431

(b) Mailing address of limited liability company: 4270 OAK CIRCLE

(Note: **MAY BE POST OFFICE BOX**)

BOCA RATON, FL 33431

02/10/2004

3. Date of filing/registration in Florida

L07000007513

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

GERALD MURCHIE

Registered Office Address:

4270 OAK CIRCLE
BOCA RATON, FL 33431

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

ALLY O. MARTIN

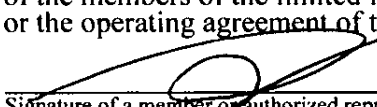
NEW Registered Office Address:

4270 OAK CIRCLE

(**MUST BE FLORIDA STREET ADDRESS**)

BOCA RATON, FL 33431

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

ALLY O. MARTIN

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00