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EXAMINER



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DATE: 2/11/2008	E STAIDE
NAME: MINDFUL EXISTENCE, LLC	
TYPE OF FILING: CHANGE OF RA	
COST: \$25	
RETURN:	FICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32308 PHONE: (850) 216-0457 / FAX: (850) 216-0460 2/11/2008 MINDFUL EXISTENCE, LLC OF FILING: CHANGE OF RA \$25 NN:
ACCOUNT: FCA00000015	
AUTHORIZATION: PAUL / ABBIE HODGE	

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.

G	
1. The name of the limited liability compa	any is: Mindful Existence, LLC
2. The mailing address of the limited liab	ility company is :
2200 South Ocean Lane, Unit 1603; Fort Lau	derdale FL 33316
December 18, 2007	L07000125221
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the Florida Department of State:	e registered office address as shown on the records of the
Peter H. Emmor	
2200 South Oce	Address Address
Fort Lauderdale,	
6. The name and address of the new regist	cred agent and/or office:
NRAI Services, Ir	10. F.S.
	Name 22
2731 Executive F	Park Drive, Suite 4
Florida street a	address (P.O. Box NOT acceptable)
Weston	FL 33331
(City, State and Zip
confirmed that after the change or changes and the business office of the registered ag liability company, it is hereby confirmed it	
Signature of a memoer of authorized representative of a	Thember)
Peter H. Emmons (Printed or typed name of signee)	
	ered agent and agree to act in this capacity. I further agree to elative to the proper and complete performance of my duties, gations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office liability company has been notified in writing of this change.

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