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Office Use Only



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SECRETARY OF STATE

D. BRUCE

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**EXAMINER** 

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## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT:	LifeV	Vorks I	Match	makiı	ng LLC			
	Name of							
Dear Sir or Madar	m:							
The enclosed Reg	istered Agent/Registered	Office C	Change	and fee	e(s) are submitted for filin	g.		
Please return all c	orrespondence concernin	g this m	atter to	the fol	lowing:			
	Ann Robbins-Gordon							
	Name of Person			_				
Life	Works Matchmaking L	LC		_				
"	Firm/Company					The con-		
						LECT LECT	0.0CT 20	POLITICA
1007	N Federal Highway #8	3002		_			C	11
	Address					SS	20	f
						m~ m~	20>	'n
Fo	ort Lauderdale FL 3330	4						
	City/State and Zip Code			<del></del>		OF STATE	AH IIII L	$\mathbf{O}$
						SH	-	
aı	nnrobbinsfl@gmail.con o be used for future annual repor	n				<b>J</b> -		
E-mail address: (t	o be used for future annual repor	t notificatio	n)					
For further inform	ation concerning this ma	itter nles	se call					
		ж., р.с.				Ç.		
						.,		
<del>, ., .,</del>	obbins-Gordon	at (	954		561-4498			
Nan	ne of Person		•	Area Coo	le & Daytime Telephone Number			
STREET/C	COURIER ADDRESS:		MA	ILING	ADDRESS:			
Registration					n Section			
	Corporations				Corporations			
Clifton Bui	lding itive Center Circle			. Box 6	327 e, Florida 32314			
	e, Florida 32301		lan	anassee	5, 1 lolida 32314			
Enclosed	is a check for the follow	ing amo	ount:					
<b>✓</b> \$25 Fili	ing Fee		\$5	5 Filin	g Fee & Certified Copy			

INHS18 (5/08)

## 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.

Name of the limited liability company:	ifeWorks Matchmaking LLC				
2. (a) Principal office address of limited liability compa	ny: 1007 N Federal Highway #8002				
( <u>Note: MUST BE STREET ADDRESS</u> )	Fort Lauderdale, FL 33304				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)	1007 N Federal Highway #8002 Fort Lauderdale, FL 33304				
1/22/2008	L08000007990				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:				
Registered Agent:	Ann M Robbins				
Registered Office Address:	#221 Fort Lauderdale, FL 33304				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	· · · · · · · · · · · · · · · · · · ·				
NEW Registered Agent:	Ann M Robbins-Gordon				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1007 N Federal Highway #8002				
	Fort Lauderdale ,FL 33304				
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					
Ann M Robbins Gordon					
Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my language of the complete 608, F.S. Or, if this document is being filed to haddress, I hereby confirm that the limited liability company of Registered Agent					
Division of Cornerations P O Roy A	327 Tallahassaa FI 3231 <i>4 :</i>				

FILING FEE: \$25.00