L08000044/37

(Requestor's Name)		
(Address)		
· ,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(D. 1. E. 1.)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
· · · · · · · · · · · · · · · · · · ·		
Special Instructions to Filing Officer:		
A. LUNT		
· ·		
MAY 1 2 2009		
EXAMINER		

Office Use Only



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2009 MAY II PM IZ: 4/ SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	_		
" LIFE Balance	- Solutions, LLC		
SUBJECT: 18/A: The Jim Flood	Graya		
Name of Limit	ited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for	r filing.	
Please return all correspondence concerning this	s matter to the following:		
Susan Flood			
Name of Person	and the second s	200 TAL	
The Jim Flood Gro	UP	2009 MAY I I PM 12: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	7
Firm/Company		II SSE	
585 NW 120 H	NE	PH 12 OF ST E. FLO	
Address		ATE RID,	
Coral Springs, Fr	Z 33076	A 7	
City/State and Zip Code			
Jimmy Loves Sveye be E-mail address: (to be used for future annual report notific	ellsouth, net		
For further information concerning this matter, p	please call:		
at	V		
Name of Person	Area Code & Daytime Telephone Nu	ımber	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following a	mount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Co	ру	

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.

ANCE SOLUTIONS, LLC				
5085 NW 120 AVE				
Ceral Spnngs, FL 33074				
Life Balance Solutions				
5085 NW 120 Ave.				
L08000044137				
1. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Corporate Creations				
11380 Prosperity toms Rd # 1918 Palm Beach Gardens, FI				
## 33#10 ### #				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address:</u>				
Susan Floor 5				
5085 NW 120 AVE. Coral springs FL 32001				
aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization are to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.				

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