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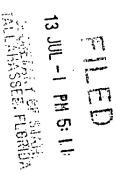
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COVER LETTER

TO: Registration Section
Division of Corporations

_{subject:} Imagine Lifestyles, 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:

Jared Jukel

Name of Persor

Imagine Lifestyles

Firm/Company

1602 Alton Road, #420

Address

Miami Beach, FL 33139

City/State and Zin Code

jared@imaginelifestyles.com

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

For further information concerning this matter, please call:

Jared Jukel

_{...}305 、

4323205

Name of Person

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:

S25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

13 JUL - I PH 5: LI

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.

	ime of the limited liability company: imagine Lilasiyles.			
2. (a)	Principal office address of limited liability comparing (Note: MUST BE STREET ADDRESS)	1y: 740 NW 25th Street Miami, Fl 33127		
			K-1,1	
			15-7 E	
(b	Mailing address of limited liability company:	1602 Allan Road, #420	The state of the s	
,	(Note: MAY BE POST OFFICE BOX)	Miami Beach, FL 33139	1000	
			Clare.	
			7 ¹ Si	
7/2/200	8	L08000064411	73 on 1	
3. D	ate of filing/registration in Florida	4. Document number	OL.	
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Designated August.	Mary Ochin		
	Registered Agent:	Marc Oobin		
	Registered Office Address:	500 University Blvd		
	Together Office / tagless.	STE 205		
		Jupiter, FL 33458		
	NEW Registered Agent:	Howard Bushman		
	NUTSE Designand Office Address	9699 NE 2nd Avenue		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Miami Shores, FL 33138		
	(MOST BE TECKIDA STREET ADDRESS)		.FL	
confi	limited liability company is not organized under the rmed that after the change or changes are made, the ne business office of the registered agent will be ide ity company, it is hereby confirmed that the change tembers of the limited liability company or as otherwhere the important of the limited liability company.	Florida street address of the particul. Or, in the case of a Fl s) was/were authorized by an vise provided in the articles of	registered office orida limited affirmative vote of	
Printe	dukal, Member dor typed name of signee reby accept the appointment as registered agent and by with the provisions of all statutes relative to the p am familiar with and accept the obligations of my pater 608, F.S. Or, if this document is being filed to in less, I hereby confirm that the limited liability compa	ogree to act in this capacity proper and complete perform position as registered agent of perely reflect a change in the	. I further agree to ance of my duties, as provided for in registered office	

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00