## 18WW92153

| (Re                                     | questor's Name)    |           |
|---|--------------------|-----------|
|   | •                  |           |
| (Ad                                     | ldress)            |           |
| (Address)                               |                    |           |
| ·                                       |                    |           |
| (Ci                                     | ty/State/Zip/Phone | e #)      |
| PIĆK-UP                                 | ☐ WAIT             | MAIL      |
| (Business Entity Name)                  |                    |           |
|   |                    |           |
| (Document Number)                       |                    |           |
| Certified Copies                        | _ Certificates     | of Status |
| Special Instructions to Filing Officer: |                    |           |
|   |                    |           |
|   |                    |           |
|   | •                  |           |
|   |                    |           |
|   |                    |           |

Office Use Only



300181459503



B. KOHR

JUN - 8 2010

**EXAMINER** 



ACCOUNT NO. : I2000000195

REFERENCE : 350858 7197430

AUTHORIZATION COST LIMIT

ORDER DATE: April 14, 2010

ORDER TIME : 9:27 AM

ORDER NO. : 350858-010

CUSTOMER NO: 7197430

## CHANGE OF AGENT

NAME: DISTINCTIVE LIFESTYLE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER:

## 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: DISTINCTIVE LIFESTYLE, LLC  |  |  |  |
|---|--|--|--|
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)   | 1815 Griffin Road, Suite 404 Dania Beach FL 33004  |  |  |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  | 1815 Griffin Road, Suite 404 Dania Beach FL 33004  |  |  |
| 09/29/2008  | L08000092153   |  |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |  |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:   |  |  |  |
| Registered Agent:   | National Corporate Research, LTD.  |  |  |
| Registered Office Address:  | 515 East Park Avenue Tallahassee FL 32301  |  |  |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  Corporation Service Company  |  |  |  |
| ,   |  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 1201 Hays Street   |  |  |
|   | Tallahassee ,FL 32301  |  |  |
| 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) |  |  |  |
| Michael Natale (Printed or typed name of signee)  I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the proparty am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a changing that the limited liability company has been notified to provide the corporation Service Company.  | ree to act in this capacity. I further agree to<br>per and complete performance of my duties, and I<br>ss registered agent as provided for in Chapler 608,<br>lange in the registered office address, I hereby<br>in writing of this change. |  |  |
| Signature of Regulated Agent Sylvia Queppet, Asst VP.   |  |  |  |
|   |  |  |  |

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