

May 06 2010 3:05PM

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MARC L. SHAPIRO, P.A.
Account Number : I20080000007
Phone : (239) 649-8050
Fax Number : (239) 649-8054

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: prosperity4u2@aol.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
GOLDEN LIFE LLC

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Y. HAMPTON

MAY -7 2010

EXAMINER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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: GOLDEN LIFE LLC

2. (a) Principal office address of limited liability company: _____

☐ (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: _____

☐ (Note: **MAY BE POST OFFICE BOX**)

MARCH 12, 2010

L10000028115

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:

MARC L. SHAPIRO, P.A.

Registered Office Address:

720 GOODLETTE ROAD N, STE 304
NAPLES, FL 34102

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

BONNIE R. SIEVERS

NEW Registered Office Address:

28144 GOBY TRAIL

(MUST BE FLORIDA STREET ADDRESS)

BONITA SPRINGS, FL 34135

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.

Bonnie R. Sievers
Signature of a member or authorized representative of a member

BONNIE R. SIEVERS
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bonnie R. Sievers
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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