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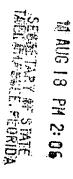
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations	
	Life Home LLC ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Michael Fate	
Name of Person	
Firm/Company	
2326 Del Prado Blvd South, Suite Address	7
Cape Coral, Florida 33990 City/State and Zip Code	
Mikewfate@gmail.com E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter,	please call:
Michael Fate at Name of Person	t (239) 471-4102 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 a	rmount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

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