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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
· (Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
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AUG 11 2018 S. YOUNG 18 AUG -8 PH 5: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Living Elements Studio, LLC		
	of Limited Liability Company	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Nedra G. Goldhoff		
Name of Person		
Firm/Company		
13255 S. W. 16th Ct. #203-K		
Address		
	, AL	E
Pembroke Pines, FL 33027		芦苇州
City/State and Zip Code	ASS	
nedragoldhoff@comcast.net	,	-8 PH -8 PH LED
E-mail address: (to be used for future annua	al report notification)	ੇ <u>ਨੂੰ ਨੂੰ</u> 5: 5: ਹ
For further information concerning this matter, pl	lease call:	~ *
Nedra G. Goldhoff	954 842-4242	
Name of Person	Area Code & Daytime Telephone Numb	er
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 at	mount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. 1	Name of the limited liability company: Living Eleme	nts Studio,	LLC		
2. (a	13255 S. W. 16th Ct, #203-K	(b) 13	(b) 13255 S.W. 16th Ct., #203-K		
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	Mailing address of lin	nited liability company:	
	Pembroke Pines, FL 33027	<u>Pe</u>	embroke Pines, FL 3	3027	
	11/01/2010	100	000113367		
3.	Date of filing/registration in Florida	4.	Document numb	er	
5. (a	Nedra G. Goldhoff				
•	Registered Agent and Registered Office shown on the records of	the Florida Dept	. of State:		
	1830 Cleveland St. # 14				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
	Hollywood	33020		≥ ≤ ≈	
	, r.	,		E A B	
(b)			AUG - AHAS	
•	Enter name of NEW Registered Agent and/or NEW Registered	Office address		-8 -8 -E	
	13255 S.W. 16th Ct. #203-K				
	NEW Registered Office Address:			5: 18 FATE ORIDA	
					
	Pembroke Pines , FL	33027			
the ciagent was/vithe at	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability compa of the limited limited liabil	d office and the business ny, it is hereby confirme liability company or as o	s office of the registered ed that the change(s)	
Sign	nature of a member or authorized representative of a member		Printed or typed nam	ne of signee	
provi the o to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I edjin writing of this change.	ree to act in the performance do for in Chapherehy confir.	nis capacity. I further as of my duties, and I am fi ter 605. F.S. Or, if this o m that the limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been	

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

Signature of Registered Agent