

L12000100963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

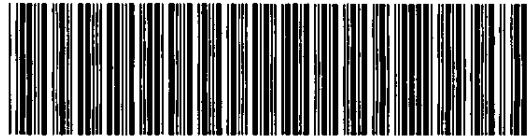
(Business Entity Name)

(Document Number)

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14 JUN 3 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 16 2014

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2014

DONNA J. ELLISON / LIFEOPEDIA LLC
2835 KENILWORTH BLVD.
SEBRING, FL 33870 US

SUBJECT: LIFEOPEDIA, LLC
Ref. Number: L12000100963

We have received your document for LIFEOPEDIA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 014A00011101

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lifeopedia 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:

Donna J. Ellison
Name of Person

Lifeopedia LLC
Firm/Company

2835 Kenilworth Blvd
Address

Sebring, FL 33870
City/State and Zip Code

offices@lifeopedia.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna J. Ellison at (863) 202-0681
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:

☒ \$25 Filing Fee *Donna* ☐ \$55 Filing Fee & Certified Copy

*already sent
on 5-6-14*

**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. Name of the limited liability company: Lifeopedia LLC
2. (a) 2835 Kenilworth Blvd, Sebring, FL 33870 (b) 6223 U.S. Hwy 27 N PMB 12, Sebring, FL 33870
Principal office address of limited liability company: 33870 Mailing address of limited liability company: FL 33870
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 8-6-2012 Date of filing/registration in Florida 4. L 12000100963 Document number

5. (a) Donna J. Ellison
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
247 Longwood Rd, Sebring FL 33870
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

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

2835 Kenilworth Blvd
NEW Registered Office Address:
Sebring
_____, FL 33870

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.

Donna J. Ellison
Signature of a member or authorized representative of a member

Donna J. Ellison
Printed or typed name of signee

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 605, 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.

Donna J. Ellison
Signature of Registered Agent

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TALLAHASSEE, FLORIDA