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T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations
Division of Corporations
SUBJECT: A//S T L/T C, 2LC
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:
Thomas I Lee
Name of Person
CA154 LITE
Firm/Company
11974 (8th Hoe
Address
Dung//ac Dad F/ 3378/
1- mest the state
City/State and Zip Code
Tilee 5000 / Moo. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
-1 1 200 0-111786
1 homas Lee at (721) 754618-
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount: FI Dar't of State
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy
850 - 245 - 605

STATEMENT OF CHANGE OF REGISTERED OFFICE BOTH FOR LIMITED LIABILITY COMPANY	13 a	
*Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	8, Florida Statutes The undersigned limited to change its registered office or registered	
1. Name of the limited liability company:	s 4Life, LLC 34	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	4724 68th Ave Brellas park, El 33781	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4724 68th Ana PINELLAS DARK FL 33781	
10/26/2012	L 12 000 136623	
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:	Conjuntin Service	
Registered Office Address:	1201 HAYS of Compa	
	TA //Ahassec/-/ 3230/	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	Thomas J. Lee	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1994 684 Ave Duellas PAV,FL 33781	
	7 " " " " " " " " " " " " " " " " " " "	

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