

MAR/27/2018/TUE 10:25 AM

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Florida Department of State
Division of Corporations
and State Filings

Notes: Please print this page and use it as a cover sheet. Type the fax and number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number: (850) 437-6183

From:
Account Name: SHORE SERVICE INC
Account Number: 220120000007
Phone: (702) 886-2300
Fax Number: (702) 886-2165

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

Email Address: documents@incorp.com

LLC REGISTERED AGENT CHANGE
PRESSURE IS MY LIFE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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MAR 28 2018
J. HARRIS

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FAX No.

P. 002

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pressure Is My Life, 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:

Keri Sandler

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. - Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keri Sandler

Name of Person

at (800)

267-2677 ext. 6924

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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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: Pressure Is My Life, LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

319 WHISPER RIDGE LOOP

Davenport, FL 33897

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 02/26/2013 Date of filing/registration in Florida

4. L19000009589 Document number

5. (a) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 Hays Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

(b) InCorp Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

17888 67th Court North
NEW Registered Office Address:

Loxahatchee, FL 33470

Loxahatchee, FL 33470

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.

L. Dioguardo
Signature of a member or authorized representative of a member

Lynette Angela Dioguardo
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 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.

Keri Sandler
Signature of Registered Agent on behalf of InCorp Services, Inc.

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

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