

# L13 000029539

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

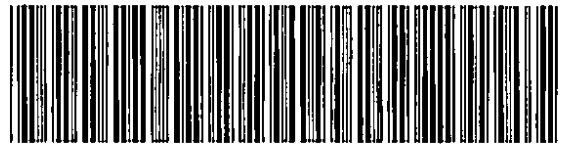
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATION  
20 MAR -9 PM 12:44

*Rt Change*

MAR 26 2020

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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:

Lynette Dioguardo

\_\_\_\_\_  
Name of Person

Pressure Is My Life, LLC

\_\_\_\_\_  
Firm/Company

319 Whisper Ridge Loop

\_\_\_\_\_  
Address

Davenport FL 33897

\_\_\_\_\_  
City/State and Zip Code

gardenofweeding54@gmail.com

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

For further information concerning this matter, please call:

Lynette Dioguardo

407 334 0440

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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) 319 Whisper Ridge Loop, Davenport FL 33897  
Principal office address of limited liability company:  
**(Note: MUST BE STREET ADDRESS)**
- (b) 319 Whisper Ridge Loop, Davenport, FL 33897  
Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**
3. 2/27/2020  
Date of filing/registration in Florida
4. L13000029539  
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Incorp Services Inc  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3773 Howard Hughes Parkway, Suite 500S  
Las Vegas Nevada 89169-6014, FL
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Lynette Dioguardo  
NEW Registered Office Address:  
319 Whisper Ridge Loop  
Davenport, FL 33897

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STATE OF FLORIDA  
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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 Dioguardo 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.*

L. Dioguardo  
Signature of Registered Agent