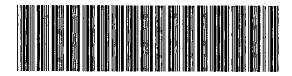
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Office Use Only



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2013 SEP 12 PN 3-18

COVER LETTER

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

Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company:	Marketing For Life
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 10235 LA Reina Roal Deiray Beach Fl. 33446
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10235 LA ReinA ROAD Delray Beach Fl. 33444
September 1, 2013 3. Date of filing/registration in Florida	113000049712 4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Benjamin Rodriguez
Registered Office Address:	Delray Beach Fl. 33446
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10235 LA Keina KOAD Delray Beach Fl. 33446 Delray Beach Fl. 33446
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of
Signature of a member or authorized representative of a member	- ASS
Benjamin Rodrigue. Printed or typedname of signee	Z PART
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	agree to act in this capacity. I fulfiher agree to roper and complete performance of my duties, osition as registered agent as provided for in the registered office my has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 6	327, Tallahassee, FL 32314

FILING FEE: \$25.00