

L3000102171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

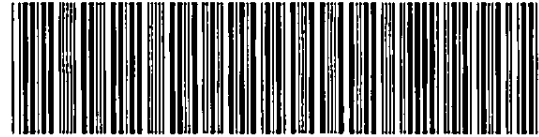
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300302495663

08/16/17--01025--025 \*\*25.00

FILED  
JUL 16 11 11 AM  
JUL 16 11 11 AM  
JUL 16 11 11 AM

D. SCOTT

11/17/2017

COVER LETTER

2nd Request

TO: Registration Section  
Division of Corporations

SUBJECT: LIFE CHOICE SOLUTIONS

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:

1st Request  
sent  
7/11/17

TERESA MILLER

Name of Person

LIFE CHOICE SOLUTIONS

Firm/Company

3840 WEST HILLSBORO BLVD #176

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

teresa@lcstreatment.com

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

For further information concerning this matter, please call:

Teresa Miller

at ( 561 ) 319-8122

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

☐ \$55 Filing Fee & Certified Copy

**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: Life Choice Solutions

2. (a) 3840 West Hillsboro Blvd, #176, Deerfield Bea (b) same as office address

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

3840 W. Hillsboro Blvd, #176

Deerfield Beach, FL 33442

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3840 W. Hillsboro Blvd, #176

Deerfield Beach, FL 33442

3. 7/16/04 Date of filing/registration in Florida 4. L13000102771 Document number

5. (a) David Hayward  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 NW 17 Avenue, #1, Delray Beach, FL 33445

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

1200 NW 17 AVE, #1,

Delray Beach, FL 33445

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

Teresa Miller

**NEW** Registered Office Address:

3840 West Hillsboro Blvd, #176

Deerfield Beach, FL 33442

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.

[Signature]  
Signature of a member or authorized representative of a member

Teresa Miller

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.*

[Signature]  
Signature of Registered Agent

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

FILING FEE: \$25.00