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(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:								





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06/10/21--01014--011 ++25.00

2021 JUN 10 PM 12: 59



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: June 8, 2021

Order#: 848891/010

Re: FOR LIFE PRODUCTS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn:Carissa Koetitz

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.	Na	me of the limited liability company: FOR LIFE PROD	UCTS	. L	LC				
2.	(a)	2301 SW 145TH AVE.	((b)	2301 SW	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	(-, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,					
		MIRAMAR, FL 33027	-		MIRAMAF	R, FL 33027	-		
		12/02/1998		L	.13000111	431	_		
3.		Date of filing/registration in Florida	4.			Document nur	nber		
5.	(a)	SILBERMAN, GARY, ESQ							
J.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		OFFICES AT GRAND BAY PLAZA							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	<u>ارز</u>	20		
		2665 S. BAYSHORE DR., STE. 725					ALL MASSELLI LÖRIDA	21	
		COCONUT GROVE . FL.	33133			-		2021 JUH 1 0	1 !
	(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (NEW Registered (NEW Registered (NEW Registered Office Address:</u>	Office a	dd	ress:	-		PH 12: 59	
		Tallahassee , FL	32301			-			
cha age	inge ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility of f the li	red on mit	l office and apany, it is sed liability	the business hereby confir company or	office o med tha	f the re at the cl	gistered nange(s)
/s/ Michael G. Pfefferkom				Michael G. Pfefferkorn, Authorized Person					
Signature of a member or authorized representative of a member						Printed or typed			
the to a	ovisi obl mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. The of Registered Agent E. Kirby, Asst. Vice President on behalf of Corporation	perform for in ereby	nar Ch con	ice of my a napter 605 ifirm that i	tuties, and I ar , F.S. Or, if th the limited liab	agree i n famili is docu pility co	to comp iar with ment is mpany	oly with the and accept being filed has been
		Division of Corporations P.O. B					1		

FILING FEE: \$25.00