Division of Corporation

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

(((H24000123075.3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

(858)617-6383 Fax Number

from:

Account Name : REGISTERED AGENTS INC

Account Number : 120090000081 : (307)200-2803 Phone : (813)436-5206 Fax Number

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

Email Address:

LLC REGISTERED AGENT CHANGE BEST LIFE VENTURES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help

APR 0 4 2024 K. Brumbley 4/3/2024 12.53·53 PDT - To 18506176383 Page: 2/2 Fax: 8134365206

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company.	s LLC		
2. (a)		(b)		
•	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	09/06/13	_ L13	13000126350	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	MEEHLE, SUZANNE D, ESQ			
	Registered Agent and Registered Office shown on the records of	the Florida De	Dept. of State:	
	1215 E Concord St			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
	Orlando . FI.	32803	2024	
(b)	Northwest Registered Agent LLC		2024 APR -3	.•
	Enter name of NEW Registered Agent and/or NEW Registered	<u> </u>		
	7901 4th St N		—————————————————————————————————————	<u>-</u> :
	NEW Registered Office Address:		=	
	STE 300			
	St. Petersburg . FI.	33702		
the ch agent was/w the art	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the register ability comp of the limite	ered office and the business office of the registed opens, it is hereby confirmed that the change(s) and liability company or as otherwise provided inhility company.	ered)
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d'in writing of this change. Taylor Newman - Assistant S	performanc ed for in Cha hereby conf	n this capacity. I further agree to comply with uce of my duties, and I am familiar with and ac- uapter 605, F.S. Or, if this document is being fi ufirm that the limited liability company has bee.	the cept led n

Signature of Registered Agent