

L14000030164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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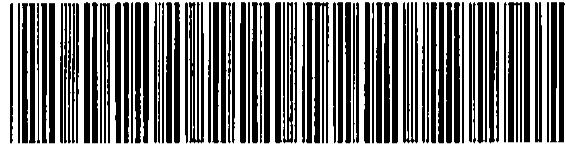
(Business Entity Name)

(Document Number)

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JAN 14 2020

ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LifeSure 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:

Lawrence Franchetti, CEO  
\_\_\_\_\_  
Name of Person

One Beat CPR Learning Center LLC  
\_\_\_\_\_  
Firm/Company

4350 Oakes Rd., Suite 500  
\_\_\_\_\_  
Address

Davie, FL 33314  
\_\_\_\_\_  
City/State and Zip Code

compliance@lifesurellc.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence Franchetti                      202                      207-8372  
\_\_\_\_\_  
Name of Person                      at (                      )                      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

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: LifeSure LLC

2. (a) 4350 Oakes Rd.  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Suite 516

(b) 4350 Oakes Rd.  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Suite 516

3. 2/21/2014 Date of filing/registration in Florida

4. 114000030164 Document number

5. (a) Kopelowitz, Brian R.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
200 SW 1st Ave.  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Suite 1200  
Fort Lauderdale, FL 33301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Lawrence Franchetti, CEO  
NEW Registered Office Address:  
4350 Oakes Rd., Suite 500  
Davie, FL 33314

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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.

Lawrence Franchetti  
Signature of a member or authorized representative of a member  
Lawrence Franchetti  
Printed or typed name of signer

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.

Lawrence Franchetti  
Signature of Registered Agent