## 14000047643

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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Meaningful Life Center, U.C. 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:		
Stefanse Meyer-Goodu Name of Person	<u>À</u>	
The Meaningful We Cent	er,UC	
2700 Westfrall in Ste 13	<u> </u>	
Maitland FL 32751 City/State and Zip Code		
Stefante @ the meaningful life center. com E-mail address: (to be used for future innual report notification)		
For further information concerning this matter, please call:		
Stefante Meyer-Goodwin at (1) Name of Person	407 ) 534-0186 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	

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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: The Meaning ?	al Life Center, UC
2. (a) (b)	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
2700 Westhall Ln Sulte 135 2	700 Westhall Ln Suite 135
Martland PL 32751 M	aitland FL 32751
3/24/14 L	14000047643
3. Date of filing/registration in Florida 4.	Document number
5. (a) Stefanie D. Linellau	<del></del>
Registered Agent and Registered Office shown on the records of the Florida Dept.	of State;
2700 Westhall Ln	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	20
Suite 135	— # E E m
Maltland FL 32751, FL	
C(0, 0, 0)	155°
(b) Stetanie D. Meyer-Groodwin	PH 3: 2
Enter name of NEW Registered Agent and/or NEW Registered Office address:	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
2700 Westrall In	21 R
NEW Registered Office Address:	<del></del>
Sulte 135	
Martland FI 3275	
	<del></del>
If the limited liability company is not organized under the laws of the State the change or changes are made, the Florida street address of the registered	of Florida, it is hereby confirmed that after office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability compan was/were authorized by an affirmative vote of the members of the limited li	y, it is hereby confirmed that the change(s)
the articles of organization or the operating agreement of the limited liability	ty company.
Steppie Dairellen Steve	Printed or typed name of signee
<i>y</i>	
I hereby accept the appointment as registered agent and agree to act in thi provisions of all statutes relative to the proper and complete performance of	is capacity. I further agree to comply with the off my duties, and I am familiar with and accept
provisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapte to merely reflect a change in the registered office address, I hereby confirm	er 605, F.S. Or, if this document is being filed in that the limited liability company has been
notified in writing of this change.	. , .
Signature of Registered Agent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00