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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations		
RECOVERY IN THE LIGHT LL	.c	= <u>+</u>
SUBJECT: Name o	f Limited Liability Company	- 10 St
Dean Circum Mudam.		
Dear Sir or Madam:		堂气
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	ه مع الآلاء مع معرف
Please return all correspondence concerning this n	natter to the following:	STATE
Bradley S Wysocki		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name of Person		
Recovery In The Light LLC		
Firm/Company	, , , , ,	
11579 ⁴ Rock Lake Terrace		
Address		
Boynton Beach FL 33473		
City/State and Zip Code		
BRADLETWYSOCKI @ GMAIL. COM		
E-mail address: (to be used for future annual		
For further information concerning this matter, ple	ase call:	
Bradleÿ S Wysocki	954 548-54331	
Name of Person	Area Code & Daytime Telepho	one 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 am	ount:	
≥ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

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. N	ame of the limited liability company: RECOVERY	/ IN T	HE	LIGHT LLO	С				
2. (a)	11579 Rock Lake Terrace		(b) 11579 Rock Lake Terrac						
(,	Principal office address of limited liability company:		(-)	Ma	_		of limited liability BE POST OFFIC		_
	(Note: MUST BE STREET ADDRESS) Boynton Beach, FL 33473			Boynton E	-			<u>E DUA</u>)	
	Boymon Bodon, 1 E 00470			Doynton L					
	06/20/2014		L	L1400009	945	9			
3.	Date of filing/registration in Florida	4.		Ī	Docur	nent nu	ımber		
5. (a)	Bradley S Wysocki								
` ′	Registered Agent and Registered Office shown on the records of	of the Flo	orida I	Dept. of State;					
	11579 Rock Lake Terrace								
	Registered Office Address (MUST BE FLORIDA STREET	T ADDR	ESS)		•				
	Boynton Beach , F	_L 334	73		,	;	14 SEP SECRE		ŧ
(b)	Bradley S Wysocki				•			ermenterma Vinnamenterma Vinnamenterma	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Offic	e addı	ress:			٠- ايت		
	3921 SW 47th Ave STE 1008						AN II: 46		
	NEW Registered Office Address:						NTE ALL		
	,Davie , F	_L 333	14						
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members idles of organization or the operating agreement of the	of the r liability of the	egist y cor limit	ered office an enpany, it is leed liability	and thereb	ne busir y confi	ness office of t irmed that the o	he registe change(s)	ered)
Signa	ture of a member or authorized representative of a member	-		I	Printed	or type:	d name of signee		
provisi the obl to mer	hy accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, i I in writing of this change.	gree to le perfo led for I hereb	act i ormai in Ci oy coi	n this capac nce of my du napter 605, nfirm that th	city. I ities, F.S. e lim	I furthe and I a Or, if to ited lia	er agree to com im familiar wit his document i bility company	ply with h h and acc s heing fi has been	the cept led
Signatu	re of Registered Agent			BRADLE	=4	WY	socki		
	Division of Corporations P.O.				ee, FI	L 3231 4	4		

INHS18 (2/14)