## 1400166538

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DIVISION OF CORPORATIONS

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2018

GUILLERMO RUBIO 7557 W SAND LAKE RD STE 1027 ORLANDO, FL 32819 US

SUBJECT: LIVIN' THE LIFE, LLC Ref. Number: L14000166538

We have received your document for LIVIN' THE LIFE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 018A00003148

DEPARTMENT OF STATE THE ST

## **COVER LETTER**

Division of Corporations					
Livin' The Life, LLC SUBJECT:					
	me of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning the	his matter to the following:				
Guillermo Rubio					
Name of Person	<del></del>				
Livin' The Life, LLC					
Firm/Company					
7557 W Sand Lake Rd Ste 1027					
Address					
Orlando, FL 32819					
City/State and Zip Code					
info@livinthelifeclothing.com					
E-mail address: (to be used for future an	nual report notification)				
For further information concerning this matter	r, please call:				
Guillermo Rubio	at () 720-4904				
Name of Person	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				
Enclosed is a check for the following amount:					
□ \$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: Livin' The Li	fe, LLC			
2. (a)			<b>b</b> )		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u> </u>	Mailing address of limited	liability company: OFFICE BOX)
	7557 W Sand Lake Rd Ste 1027		7557 W	Sand Lake Rd Ste	e 1027
	Orlando, FL 32819		Orlando,	FL 32819	
	10/27/2014		L1400016	6538	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	)				
J. (u,	Registered Agent and Registered Office shown on the records of	of the Florid	la Dept. of State	• <b>::</b>	
	UNITED STATES CORPORATION AGEN	TS, INC	<b>).</b>		ø
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	<u>(S)</u>	•	N SE
	13302 WINDING OAK COURT Ste A				MAR I
	Tampa	<sub>1</sub> _33612	2	•	FILL OF C
		`l		•	A PO
(b)					
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ddress:		8. S.
	REGISTERED AGENTS INC.				
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		•	
	3030 N. Rocky Point Drive, STE 150A				
	Tampa , F	<sub>L</sub> 3360	7		
the ch agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative yote of the members icles of organization or the operating agreement of the ature of a member or authorized representative of a member when the appointment as registered agent and agriculty of all statutes relative to the proper and completely reflect a change in the registered office address,	of the reg liability of s of the lin te limited GU	istered office company, it is mited liability liability com aillermo Ru	e and the business off is hereby confirmed the y company or as othe apany.  Dio  Printed or typed name of	ice of the registered at the change(s) rwise provided in Signce

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

Bill Havre/Assistant Secretary

ature of Registered Agent