## 1/5000/1540

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SECRETARY OF STATE

KSALY EXAMINER NOV 16 2015

## **COVER LETTER**

Registration Section Division of Corporations		
SUBJECT: Name of Limi	ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	o the following:	
Elizabeth S. H Name of Person	arden	
LifePrep, UC Firm/Company		
2522 W. Klune Address	dy Blud.	
Tampa FL 33le City/State and Zip Code	09	
E-mail address: (to be used for future annual report	Preplic.com	
For further information concerning this matter, please ca	II:	
Michelle Ladner aux	13,600-7929	
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.	Na	me of the limited liability company:  BOOKER LIE PREPLLC
2.	(a)	Principal office address of limited liability company:  (b) 2522 W. Kennedy Blud  Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		Tampa, FL 33609 Tampa, FC 33609
		10/26/15 L15000011540
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		4830 W. Kennedy Blud
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Suite 600
		Tampa , FL 33689
	(b)	Flizabeth S Halmen
		Enter name of NEW Registered Agent and/or NEW Registered Office address:
		2522 W. Kennedy Blid
		NEW Registered Office Address:
		Tampa , FL 33609
If 1	he l	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the	cha	inge or changes are made, the Florida street address of the registered office and the business office of the registered
		will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
		ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
	ζ	1) dule Elizabeth 5 Harder
_	Signa	ture of a member or authorized representative of a member Printed or typed name of signee
pre the to no	ovisi e obl mer tifie	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the insolvent of a statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ingations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in vriting of this change.
Si	gnatu	Ye of Registered Agent