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| (F | Requestor's Name) | | | | | |
|---|-------------------------|--------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (0 | City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates of S | Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|--------------------|--|---------------------------------|--|--|--|
| SUBJF | Life Leadership - Mexican Holdings | s, LLC | | | |
| 30,001 | - | ne of Limited I | iability Company | | |
| Dear Si | ir or Madam: | | | | |
| The end | closed Registered Agent/Registered Off | fice Change and | fee(s) are submitted for filing. | | |
| Please | return all correspondence concerning th | is matter to the | following: | | |
| Janice I | larmon | | | | |
| | Name of Person | ···· | _ | | |
| Kerr, R | ussell and Weber, PLC | | | | |
| | Firm/Company | | | | |
| 500 We | oodward Ave., Ste. 2500 | | | | |
| | Address | | <u> </u> | | |
| Detroit. | MI 48226 | | | | |
| | City/State and Zip Code | | _ | | |
| - | n@kert-russell.com | | | | |
| | -mail address: (to be used for future am | | ication) | | |
| For furt | ther information concerning this matter, | , please call: | | | |
| Janice I | larmon | 313 at (| 961-0200 | | |
| | Name of Person | | 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 Filling Fee | | S55 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.

| l. Na | nne of the limited liability company: Life Leadership - | - Mexican I | loldings, | LLC | | | |
|---|--|--|---|--|--|--|--|
| 2. (a) | 200 Commonwealth Court, Suite 200, Cary, NC 27511 | (b) 200 Comm | | nmonwealth Cou | ionwealth Court, Suite 200, Cary, NC 2751 | | |
| ζ- / | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (**/ | | - | of limited liability company: BE POST OFFICE BOX) | | |
| | 0/23/2015 | | 1530014 | /\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | |
| | 9/22/2015 Date of filing/registration in Florida | 1. | .1500016 | Document nu | | | |
| | CT Corporation System | -1. | | Documenting | mioer | | |
| . (a) | Registered Agent and Registered Office shown on the records of | the Florida I | ept. of St | ate: | | | |
| | 1200 South Pine Island Road | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | | | SET SET | | |
| | Plantation , FL | 33324 | | _ | TIL TU M 6: 5 | | |
| (b) | Orrin Woodward | | | _ | 三 三 三 三 | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | Office add | <u>'ess</u> : | _ | 6: 58 | | |
| | 12184 Riverbend Rd. | | | | - 6 | | |
| | NEW Registered Office Address: | | | | | | |
| | | | | | | | |
| | Port St. Lucie, FL | 34984 | | <u> </u> | | | |
| hange gent w as/we | mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liar re authorized by an affirmative vote of the members of clexity organization or the operating agreement of the | registered ability com of the limit limited lia | office ar pany, it ed liabili bility cor | nd the business is hereby confir ty company or impany. | office of the registered med that the change(s) as otherwise provided in | | |
| | ure of a member or authorized representative of a member | |)min | A. Wood Printed or typed | WARD | | |
| herek rovisia w obli mere otijied | ny accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. The instricting of this change | ee to act ii | rthis car | nacity I further | r agree to comply with the | | |