

L16000009687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

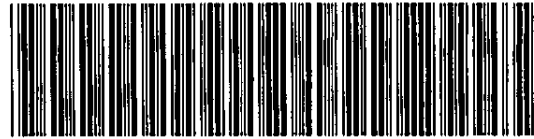
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

NOV 23 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Genuine New Life LLC

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:

Paula Hunt

Name of Person

A GENUINE NEW LIFE LLC

Firm/Company

2300 Palm Beach Lakes Blvd Suite 300-A *Executive Center*

Address

West Palm Beach Florida

City/State and Zip Code

paulah4518@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Hunt

Name of Person

at (561) 667-5952

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

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.

A GENUINE NEW LIFE

1. Name of the limited liability company:

Paula Hunt

2. (a)

Principal office address of limited liability company:

2300 Palm Beach Blvd 300-A Palm Beach Lakes Blvd

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

West Palm Beach FL 33409

01/14/2016 L16000009687

3. Date of filing/registration in Florida

4.

Document number

Paula Hunt

5. (a)

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1336 Alpha Street West Palm Beach FL 33401

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Apt-A

West Palm Beach

FL 33401

Paula Hunt

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

2300 Palm Beach Lakes Blvd

2300 Palm Beach Blvd

NEW Registered Office Address:

300-A

West Palm Beach

FL 33409

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

PAULA HUNT

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm 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

INHS18 (2/14)

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TALLAHASSEE, FLORIDA