116000022482

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)	,	
(Document Number)		
Certified Copies Certificates of S	Status	
Special Instructions to Filing Officer:		
·		



600297359946

84/03/17--01013--009 **25.00

ZIII 199 -3 P 12: 20

Office Use Only

S Warren APR 04 2017

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	JECT: Name of Limited Partner	NO4LIF	E USA,	LLC
	Name of Limited Partner	ship or Limi	ited Liability	y Limited Partnership
DOC	DCUMENT NUMBER: L16000022482		22482	
	enclosed Statement of Change of Ro are submitted for filing.	egistered (Office and	or Registered Agent and
Pleas	e return all correspondence concern	ning this m	natter to:	
	Keith Leighton			
	Contact Person			
	Nano4life-USA			
	Firm/Company			
	2545 S. Ocean Blvo	t		
	Address			
	Highland Beach, FL 33	3487		
	City, State and Zip Code			
	kesher@rof.n	et		
	E-mail address: (to be used for future annu		tification)	
For f	urther information concerning this	matter, ple	ase call:	
	Keith Leighton	at (970	948-0210
	Name of Contact Person		rea Code an	d Daytime Telephone Number
Encl	osed is a \$35.00 check made payab	le to the Fi	lorida Dep	partment of State.
STR	EET ADDRESS:	MAILING ADDRESS:		
_	stration Section		Registration Section	
	sion of Corporations		Division of Corporations	
	on Building		P. O. Box 6327	
	Executive Center Circle		Tallaha	ssee, FL 32314
Talla	hassee, FL 32301			

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. Name of the limited liability company: MANO/LLIFE-USA, LLC
2. (a) 2545. S. OCEAN BLVD (b) 2545. S. OCEAN BLV Principal office address of limited liability company: Mailing address of limited liability company:
HIGHLAND REACH HIGHLAND BCH FL 334
FL 33487.
3. Date of filing/registration in Florida 4. Document number
5. (a) REICHERT ROBERT.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: NANOLLIFE - USA - Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1669 NE. SPANISH TRAIL CT.
BOCA KATON 33487.FL
(b) KEITH LEIGHTON Enter name of NEW Registered Agent and/or NEW Registered Office address:
Enter name of NEW Registered Agent and/or NEW Registered Office address: NAMO LLIFE - USA
NEW Registered Office Address: 2545 S. OLEAN RLVD
HIGHLAND BCH, FL 33487.
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.
Signature of a member or authorized representative of a member Printed or typed name of signee
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 notifiedly writing offices change.
Signature of Registered School

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314