11600059854

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

Office Use Only



700307907717

01/22/18--01020--003 **25.00

18 JANEZ PH 2: 49

JAN 23 2016 Y SULKER

COVER LETTER

τö:	Registration Section Division of Corporations						
SUBJE	CT: Beautiful Life Courseling and Name of Lim	Support Securices, LLC nited 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:							
Jacqueline Whitehill Name of Person							
Beau	tiful Life Counseling and Support Servi Firm/Company	ices, UC					
1247	2 Lake underhill Road, Suite Address	272					
Orlando, Florida 32828 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Tacqueline Whitehill at (407) 497-8334 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.

2. (a) ₋	,	<i>200</i> (b)_				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Ollando, FL 32828		Orlando, FL 32828			
	3/24/16		L16000059	854		
	Date of filing/registration in Florida	4.	Document nui	mber		
(a)	Tacqueline Whitehill Registered Agent and Registered Office shown on the records of 1850 North Alafaya Trail Suite 1 Registered Office Address (MUST BE FLORIDA STREET)	A	ept. of State:			
(b) .	Orlando FI. Jacqueline Whitehill	3282	26	ALLIAHASS	18 JAN 22	·.
	Enter name of NEW Registered Agent and/or NEW Registered 687 Cedar Forest Circle NEW Registered Office Address:	Office addre	<u></u>	KANT OF STAFF KSSEEL FLORIDA	PH 2: 49	
	oclando, Fi	328;	28			
cha ent w s/wc	mited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litre authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the registe ability com of the limite	ered office and the busin pany, it is hereby confir ed liability company or a	ess office or med that the	of the reg he change	istered e(s)
	ure of a member or authorized representative of a member		Frinted or typed			
erek visio obli nere	ure of a member or authorized representative of a member by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address, I in writing of this change. The both Registered Agent	ree to act is	this canacity. I further	r noree to c	romnly wi	ith the accept g filed seen

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