L16000130160

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

Office Use Only



500301490045

07/21/17--01009--018 **25.00

PHYSION OF CORPORATIONS

M. MILLIGAN JUL 3 1 2017

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Kids Swim Life				
· · · · · · · · · · · · · · · · · · ·	lity Company			
Name of Limited Liabi				
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	owing:			
Heather Redmond Name of Person				
Kids Swim Life Firm/Company				
2732 44th Street S.W. Address				
Naples / FL / 3411 6 City/State and Zip Code				
h. redmond@infant Swim. con E-mail address: (to be used for future annual report notification	ion)			
For further information concerning this matter, please call:				
Heather Redmond at (239) 289-5917 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAIL	LING ADDRESS:			
	ration Section			
	on of Corporations			
\mathcal{L}	30x 6327			
2661 Executive Center Circle Tallah Tallahassee, Florida 32301	nassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	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	ime of the limited liability company: Kids	Swi	m Life
2. (a)		 (t	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)
	2732 44th Street S.W	<u>. </u>	
	Naples, FL 34116		
	51:12017	_	L14000130160
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of		,
	United States Corporation Registered Office Address (MUST BE FLORIDA STREET)		
	13302 Winding Oak (}. 1	2 9 P
	Tampa , FI	<u>. </u>	3412
(b)	Heather Redmond Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ddress:
	Table finance of 14174 Registered Agent and of 14174 Registered	i Onice au	<u> </u>
	NEW Registered Office Address:		
	2732 44th St. S.W	· -	
	Naples , FI	<u>34</u>	-111 La
If the li	imited liability company is not organized under the la	ws of the	e State of Florida, it is hereby confirmed that after
the cha agent v was/we	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of	the reginability constitution of the limited in the	istered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the		1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Signal	ture of a member or authorized representative of a member	t	Heather Redmond Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provided to reflect a change in the registered office address, I writing of this change.	ree to act perform d for in (hereby c	,, ,
Signatu	CLOCOLOGIC Registered Agent		