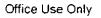
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone	#)				
PICK-UP WAIT	MAIL				
(Business Entity Nam	<u></u>				
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(Danish Alexandra)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

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TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SUBJ	Simple Life Properties LLC				
		ne of Limited Liab	ility Company		
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change and fo	e(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the fol	lowing:		
Paul	J. Starshak				
	Name of Person				
Simp	le Life Properties LLC				
	Firm/Company				
3074	Windsong Ct #502				
	Address				
Napl	es, Florida 34109				
	City/State and Zip Code	- 1			
p.sta	rshak@hotmail.com				
	E-mail address: (to be used for future ann	nual report notifica	tion)		
For fu	rther information concerning this matter	, please call:			
Paul	J. Starshak	239 at (692 4055		
	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		

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. N	ame of the limited liability company:	iple Life Proper			
2. (a)	3074 Windsong Ct #502 Naples, Fl Principal office address of limited liability (Note: MUST BE STREET ADDRE	company:	(b) 3074	Windsong Ct #502 Mailing address of limite (Note: MAY BE POS	d liability company:
3. 5. (a	O7/29/2016 Date of filing/registration in Flor Starshak Paul J Registered Agent and Registered Office shown on			0148174 Document number State:	
	Registered Office Address (MUST BE FLORI) 3065 Driftwood Way #4206	DA STREET ADDRI	ESS)		
	Naples	FL_3410)9		2013
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	;W Registered Office	address:	_	(S. A.
	NEW Registered Office Address: 3074 Windsong Ct. # 502				AH 12: 18
	Naples,	, FL_3410)9	_ _	
the chagent was/v the ar	limited liability company is not organized to hange or changes are made, the Florida street will be identical. Or, in the case of a Florida vere authorized by an affirmative vote of the ticles of Organization or the operating agreed that the following active of a member or authorized representative of a negative of a member or authorized representative of a negative of a member or authorized representative of a negative of a member or authorized representative of a negative	et address of the re da limited liability e members of the ement of the limite	egistered o company. limited lial	ffice and the business of the is hereby confirmed bility company or as oth	ffice of the registered that the change(s) erwise provided in
provi. the ol to me notifi	chy accept the appointment as registered as sions of all statutes relative to the proper a bligations of my position as registered agen rely reflect a change in the registered office ed in writing of this change. The foreign of Registered Agent	gent and agree to nd complete perfo it as provided for i e address, I hereb	act in this rmance of in Chapter v confirm t	capacity. I further agre my dutics, and I am fan 605, F.S. Or, if this do that the limited liability	e to comply with the iliar with and accept cument is being filed company has been