

L16000185594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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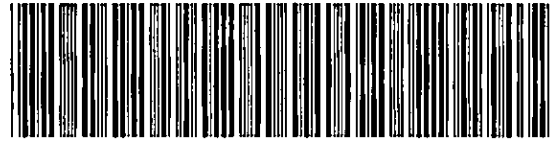
(Business Entity Name)

(Document Number)

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JUN 12 2018

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LITE N' 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:

Michelle DeMello

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

12524 SE 93 Court Rd

\_\_\_\_\_  
Address

Summerfield, FL 34491

\_\_\_\_\_  
City/State and Zip Code

michelledemello09@gmail.com

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

For further information concerning this matter, please call:

Michelle DeMello

at ( 352 )

307-2522

\_\_\_\_\_  
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. Name of the limited liability company: LITE N' LIFE, LLC

2. (a) 12524 SE 93 COURT Rd

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

SUMMERFIELD, FL 34491

(b) 12524 SE 93 COURT Rd

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

SUMMERFIELD, FL 34491

3. 10/05/2010

Date of filing/registration in Florida

4. 416000185594

Document number

5. (a) SHERRY STEVENSON

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

INCORP

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3773 HOWARD HUGHES PKWY, SUITE 5005

LAS VEGAS, FL 89169

(b) InCorp Services, Inc.

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

17888 67th Court North

NEW Registered Office Address:

Loxahatchee, FL 33470

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.

✓ Michelle DeMello  
Signature of a member or authorized representative of a member

Michelle DeMello

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.

Crystal Jauregui  
Signature of Registered Agent

Crystal Jauregui on behalf of InCorp Services, Inc.

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

FILING FEE: \$25.00