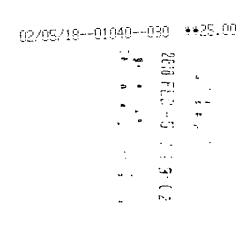


| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |







J. HARRIS

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: The Sweet Life Studio LC 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: | | |
| Name of Person | | |
| The Sweet Life Studio LLC Firm/Company | | |
| 5486 N Salford Bud | | |
| Morth Port FL 34 286 City/State and Zip Code | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Name of Person at (757) 375-9097 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 \$\square\$ \$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.

| l. Nau | me of the limited liability company: The Sweet Life Studio LLC |
|--------------|--|
| 2. (a) . | 5486 N. Salford Blyd 10 5486 N. Salford Bluc |
| (<i>)</i> . | Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) |
| | MOUL POT FC STORE ROTTE 89200 |
| | |
| | 16,000,2140,79 |
| 3. | Date of filing/registration in Florida 4. Document number |
| 5. (a) | Legaline, Corporate Services Inc. |
| | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | $S_{ij} = 4(x)$ |
| | Ed Meyors F 33907 |
| | Fort Meyers , FL 33701 |
| (b) | Ashley Rose |
| (0) | Enter hame of NEW Registered Agent and/or NEW Registered Office address: |
| | 5486 N. Salford Bld |
| | NEW Registered Office Address: |
| | |
| | Marth Port , FL 34286 |
| If the l | limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after |
| the cha | ange or changes are made, the Florida street address of the registered office and the business office of the registered |
| was/w | ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization of the operating agreement of the limited liability company. |
| the art | -0, 111 KOX 8 |
| Sign | tury of a member or authorized representative of a member Printed or typed name of signee |
| I here | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the |
| the ob | ely accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been defined in the company has been |
| notifie | d in writing of this change. |
| 14 | TO Described Agent |