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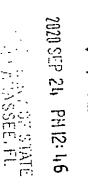
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COVER LETTER

Division of Corporations	
	VTER NATIONAL LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	-
Please return all correspondence concerning this ma	atter to the following:
MARCO HOMBIGHAUSE Name of Person 1 LIFE INTERNATION Firm/Company	
Address MIAMI 1F1 33132 City/State and Zip Code	
E-mail address: (to be used for future annual to	NATIONAL. COM report notification)
For further information concerning this matter, plea	ise call:
PAR (O HOM RIGHAUSEW a Name of Person	t (<u>786_) 566 9928</u> Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	ount:
☐ \$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.

1. Nam	e of the limited liability company: 1/1FE	INTEL	ZNATIONAL	1.10
2. (a)		(b)		
(a) <u>-</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liab (Note: MAY BE POST OF	
-	888 BISCAPNE BOW 4308 HIAMI, FC 33/32	<u> </u>	,	
	03/06/2017		170000510	87
3.	Date of filing/registration in Florida	4,	Document number	
(b)	egistered Agent and Registered Office shown on the records of the LIFE INTERINATION ACRESISTERED ASSETS AND ACRESISTERED ASSETS AND ACRES AND ACRE	DDRESS) Office address:	TALLARASSEE, FL	2020 SEP 24 PH 12: 46
_	MjAMi	33132	_	
change o agent wil was/were the articl Signation I hereby provision the oblig to merely	nited liability company is not organized under the law or changes are made, the Florida street address of the II be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of es of organization or the operating agreement of the I work of a member of authorized representative of a member accept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided a reflect a change in the registered office address, I have the proper and change.	registered office and bility company, it is fine limited liability company in ited liability company to act in this capa performance of my action in Chanter 605	d the business office of the hereby confirmed that the secondary or as otherwise the pany. A HOME Formed of the printed of typed dame of significant in the secondary of this document.	he registered he change(s) se provided in AUSEN nee comply with the with and accept nt is being filed
Signature	of Registered Agent			