## 117000058595

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
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AUG 2 4 2018 S. YOUNG

## COVER LETTER

	gistration Section ision of Corporations			
SUBJECT:	My Life Premier, LOLC			
		ne of Limited L	iability Company	- 11.2
Dear Sir or	Madam:			
The enclose	d Registered Agent/Registered Of	fice Change and	d fee(s) are submitted for filing.	
Please retur	n all correspondence concerning th	is matter to the	following:	
Lisa Maze	er			
	Name of Person			
My Life P	remier, LLC.			18 18
	Firm/Company	. <u> </u>	<del></del>	
1534 Vint	age Ln			1355
	Address	<del></del>		三二二三三二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二
Naples, F	L 34104			8 AUG 17 PH 4: 29 ALLAHASSEE, ILUMBA
	City/State and Zip Code	<u> </u>		
lisam@pr	emierlifelabs.com			
E-mail	address: (to be used for future and	nual report noti	fication)	
For further i	information concerning this matter	, please call:		
Lisa Maze	er	973	, 650-1561	
	Name of Person	u, (	Area Code & Daytime Telepi	none Number
Reg Div Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations iton Building 1 Executive Center Circle ahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enc	closed is a check for the following	amount:		
<b>≥</b> \$	25 Filing Fee	S55 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. N	ame of the limited liability company: My Life Prem	nier, LL	C.		
2. (a)	My Life Premier, LLC	(	(b) My Life Premier, LLC		
(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<u> </u>	,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	1534 Vintage Ln		1534 Vir	ntage Ln	
	Naples, FL 34104	_ <del>_</del>	Naples,	FL 34104	
	3/14/2017		L1700005	58595	
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 Agents, Inc.	f the Florid	la Dept. of State	::	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	<del></del>	
	13302 Winding Oak Court A			F: 75 -6	
	Tampa Fi	33612	<u>-</u>	FILED AND 17 PH 4: 29	
				E. P. D.	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office n	ddraee	· · · · · · · · · · · · · · · · · · ·	
	Market Mana of Market Registered Agent and of Mark Registered	u Office a	<u>uu1622</u> .	29 RID	
	Lisa Mazer				
	NEW Registered Office Address:			•	
	1534 Vintage Ln	<u>.</u>			
	Naples	<sub>L</sub> 34104			
agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the fixed in the regular in the regular in the line of the line limited	s State of Flo istered office ompany, it is nited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
Signa	ature of a member or authorized representative of a member			Printed or typed name of signce	
the obt to mer	thy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely-reflect a change in the registered office address, I writing of this change.	ree to ac e perforn ed for in hereby c	et in this cape nance of my c Chapter 605 confirm that t	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
র gnatu	ire of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00