## 117000097573

(Re	equestor'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:						

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05/25/17--01011--023 \*\*55.00



MAY 25 2017 J SHIVERS

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	#HashTagLife LLC	
		me of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	his matter to the following:
Denia	a Batista	
	Name of Person	
<del></del>	Firm/Company	
948 L	ake Victoria Drive apt C	
	Address	
West	Palm Beach, FL 33411	
	City/State and Zip Code	
Hash <sup>*</sup>	TagLifeLLC@gmail.com	
E	mail address: (to be used for future ann	nual report notification)
For fur	ther information concerning this matter,	, please call:
Denia	Batista	561 727-0797
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
	Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	g amount:
	■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS18	8 (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.	Na	Name of the limited liability company: #HashTagLife LLC				
2.	(a)	948 Lake Victoria Drive	(b)	h)		
	(=)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  apt C	_ (0)	Mailing address of limited liability compan  (Note: MAY BE POST OFFICE BOX)	~	
		West Palm Beach, FL 33411	<del>-</del>			
		05/01/2017		L17000097573		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	Denia Batista				
σ,	(4)	Registered Agent and Registered Office shown on the records of the	he Florida I	a Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET A	<u>s</u>			
		948 Lake Victoria Drive apt C	<b>17</b>			
		West Palm Beach , FL	33411	AHAY 2		
	(b)	Javier A Carela  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (	Office add	SEEL FLORIDA	ty San San San San San San San San San San	
		NEW Registered Office Address:				
		, FL_				
the age wa	cha ent w s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist bility cor f the limi	stered office and the business office of the region of the change of the	stered (s)	
		Oenia Batrata	Deni	nia Batista		
S	ignat	ture of a member or authorized representative of a member		Printed or typed name of signee		
pro the to i	ovisi obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the properties of this change.	neriorma.	nance of my duties, and I am familiar with and i	accent	
Sin		re of Registered Agent				
aif	,ugnu	ie or regimeren whem				