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COVER LETTER

To: Registration Section Division of Corporations						
PURE LIFE HOLDINGS, I	LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:		1				
The enclosed Registered Agent/Registered C	Office Change and	fee(s) ure submitted for fi	ling.			
Please return all correspondence concerning	this matter to the	following:				
Emily Smith						
Name of Person						
Paracorp Incorporated			2011. SEC TALL			
Firm/Company			AHA:			
PO Box 160568			RECEIVE JULIS RA CREPARTOFO LAHASSEE FL			
Address						
Sacramento, CA 95816			NIL S			
City/State and Zip Code		_				
E-mail address: (to be used for future a	nnual report notif	ication)	2017 SEC TALL			
For further information concerning this matter	er, please call:	1	AHA JU			
Emily Smith	888 at (280,6563	SSEE.			
Name of Person		Area Code & Daytime	felenhone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314	H: 51			
Enclosed is a check for the following	ng amount:	· I				
☑ \$25 Filling Fee	" \$:	55 Fifing Fee & Certified (Сору			
INHS18 (2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Presuant 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: PURE LIFE 1	HOLDIŅ	IGS, LLC
2. (a)		ا (۵)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	86 N ST ANDREWS DR		86 N ST ANDREWS DR
	ORMOND BEACH, FL 32174		ORMOND BEACH, FL 32174
	05/09/2017		L17000102034
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	B & C CORPORATE SERVICES OF CENT	RAL FL	ÒRIDA
J. (a,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>)</u>
	390 NORTH ORANGE AVE STE 1400		<u> </u>
	ORLANDO FI	32801	
(b)	Paracorp Incorporated		1
(*)	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	dress:
	155 Office Plaza Drive, 1st Floor		7017 TALL,
	NEW Registered Office Address:		AREFAR ARASS
			me m
	Tallahassee ,FI	32	
signs	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization on the operating agreement of the ature of a member or authorized representative of a member actions of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address, I	ine reginability confide limited	ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. Printed or typed name of signee
to mer notifie	ea in writing of this change.		onfirm that the limited liability company has been
Signati	Milton Vong, Assistant Secretary of Registrated Agent	ctal y	