## 117000 224 879

(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:	$\neg$						
to correct By from only	7						
to her.							
10/11/20							
(who)							

Office Use Only



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SEVER FARY OF STATE OF ALTION OF CORPORATION

OCT 12.2020 D CUSHING

## **COVER LETTER**

TO:

INH\$18 (2/14)

то:	Registration Section Division of Corporations							
SUBJE								
	Name of Li	mited Li	iability Company					
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Office Char	nge and	fee(s) are submitted for filing.					
Please	return all correspondence concerning this matte	r to the I	following:					
E	mily Basford							
	Name of Person		_					
So	ol Fresh For Life, LLC							
	Firm/Company	<del></del>	<del></del>					
19	950 Brickell Ave, Apt 103			200	₹ <u>0</u> .			
	Address		_	ict i				
M	liami, FL 33572			12 A	800 1378 1371			
	City/State and Zip Code		_	AH 11: 03	FST			
	nily@solfreshlife.com		_	03	HOIL JIN			
E	-mail address: (to be used for future annual repo	ort notifi	cation)		•			
For fur	ther information concerning this matter, please	call:						
E	mily Basford at (	305	) 814-5699					
	Name of Person		Area Code & Daytime Telephone Numb	oer				
	Mailing Address:		Street Address:					
Registration Section			Registration Section					
	Division of Corporations	Division of Corporations						
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee					
	2415 N. Monroe Street, Suite 810							
			Tallahassee, FL 32303					
	Enclosed is a check for the following amoun	it:						
	\$25 Filing Fee	□ \$5	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.

1. 8	lame of the limited liability company: Sol Fresh For	Life, LL	<u> </u>		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		1950 Brid	ckell Avenue, Apt 103, Mailing address of limited lic  (Note: MAY BE POST O	ability company:
3.	10-30-2017  Date of filing/registration in Florida		L170002	24879 Document number	
5. (a	•		D 20	_	
	Registered Agent and Registered Office shown on the records of  7901 4TH STREET NORTH SUITE 300  Registered Office Address (MUST BE FLORIDA STREET)	-			
	ST.PETERSBURG, FL	33702		-	20 OCT 12
(b)	Enter name of NEW Registered Agent and/or NEW Registered  1950 Brickell Avenue, Apt 103  NEW Registered Office Address:	-	LED LY OF STATE COMFORATION		
	Miami, FL	33129		-	
chang agent was/v the ar	limited liability company is not organized under the law of or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attree of aniember or authorized representative of a member	registered bility con of the limi limited li	I office and apany, it is ted liability	d the business office of s hereby confirmed that y company or as otherw apany.	the registered the change(s) rise provided in
I her provi, the oi to me notifi	ature of anjember or authorized representative of a member why accept the appointment as registered agent and agrains of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.  The of Registered Agent	performa I för in C.	nce of my a hapter 605	luties, and I am familiai . F.S. Or, if this docum	comply with the r with and accept ent is being filed