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(Requestor's Name) (Address) (Address)	600323212796
(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	01/24/190101501 201/24/190101501 2019
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### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

#### LIFESTAGES FINANCIAL SOLUTIONS, LLC SUBJECT: \_

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Siflinger

Name of Person

# LIFESTAGES FINANCIAL SOLUTIONS, LLC

Firm/Company

## 4114 Cedar Creek Ranch Circle

Address

Lake Worth, Fla. 33467

City/State and Zip Code

susansiflinger@artation

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Siflinger

379-8834

561

at (

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

**Registration Section** Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

#### Enclosed is a check for the following amount:

□ \$25 Filing Fee

☑ \$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. N	lame of the limited fiability company:	S FINAN	CIAL SOLUTIONS L	LC		
2. (a`	)	(b)				
(-, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*)	Mailing address o ( <u>Note: MAY B</u>		1.	• •
	4114 Cedar Creek Ranch Circle		4114 Cedar Creek F	≀anch Ci	rcle	
	Lake Worth, Fla. 33467		Lake Worth, Fla. 334	467		
		<u>1</u>	.17000237183			
3.	Date of filing/registration in Florida	4.	Document nu	mber	Ī	
5. (a	November 16, 2017					
,	Registered Agent and Registered Office shown on the records of Stephen Siflingfer	the Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			1	
	4114 Cedar Creek Ranch Circle			<u> </u>	201	
	Lake Worth	33467			2019 JAN 24	
			<u>.                                </u>		2	
(b	) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registeree</u>			•	1	( i i
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registerer</u>	<u>d Office add</u>	ress:		թн կ։	$\Box$
	Susan Siflinger				: 26	
	NEW Registered Office Address:					
	4114 Cedar Creek Ranch Circle					
	Lake Worth	33467				
the cl agent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited li vere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regist iability cor of the limi c limited li	ered office and the busin npany, it is hereby confi- ted liability company or ability company.	ness office rmed that	of the the	registered
đ	Man of	Susa	an Siflinger	l nome of sir		<u> </u>
I her provi. the of to me notifi	nature of a member or authorized representative of a member ebv accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change hurc of Registered Agent	2 performa 2d för in C	nce of my duties, and I a hapter 605, F.S. Or, if h	r agree to m familiai his docum	compl r with ent is l	an <b>d</b> accept being filed
Signa						
	Division of Corporations P.O.	Box 6327	Tallahassee, FL 32314	4		

**FILING FEE: \$25.00** 

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