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Office Use Only



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SECRETARY OF A TATE

K. SALY AUG 24 2018

COVER LETTER

Division of Corporations	
SUBJECT: She	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	g this matter to the following:
Name of Person	Kaciel Sloan
The truizhon Lifestyle Brown	<u>D</u>
4050 Randolph Way #3100	
Palm Brack Gardens FL, 3: City/State and Zip Cod	2/1 0
E-mail address: (to be used for future	annual report notification)
For further information concerning this man	ter, please cail:
Okacia Sloan Name of Person	at (910) \(\forall (\overline 2 \cdot 0) \) 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 followi	ng amount:
\$25 Filing Fee	S55 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.

i. Na	ime of the limited liability company:She_Twt	240	Ufestyle Br	and uc
	4250 Randolph Way #310	_ (b)	1250 Rando	Joh Way #3/ce
	Principal office address of timited liability company: (Note: MUST BE STREET ADDRESS)			of limited liability company: BE POST OFFICE BON
	Palm Beach Gardens, Fl	-	~ ·	Cardent Fl
	334 <u>10</u>	-		3:3410
	21818		£1800035	10 L18000035390
3.	Date of filing/registration in Florida	4.	Document n	umber
5. (a)	<u>Javian Jehnson</u>			
	Registered Agent and Registered Office shown on the records of the	e Florida I	Jept, of State;	
	Registered Office Address MUST BE FLORIDA STREET AD	DRESS)	<u>.</u>	
	Palin Beach Gardens FL,			
	, FL	33	40	IB A
	At a closes			
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addr		I E D
	- Regitted ()	mice actor	(
	913 lake Shore Or #31	3		ED & B. 40 FEF FLORID
	NEW Registered Office Address:			DA DEF
	iake Park FL			·
	FL	33°C	3	
If the li	mited liability company is not organized under the laws	of the S	tate of Florida, it is her	eby confirmed that after
the chai	nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab	ie registe	ered office and the busi	ness office of the registered.
was/we	re authorized by an affirmative vote of the members of the sof organization or the operating agreement of the line.	the limit	ed liability company or	as otherwise provided in
ine min	A A			
Signat	ure of a member or authorized representative of a member	ے	Ikacia Sloan Printed or type	d name of signee
the obli to mere	ey accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pergations of my position as registered agent as provided for reflect a change in the registered office address. They in writing of this change.	te wet i	a this commenter. I discale	
Signatur	e of Registered Agent			