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(R	Requestor's Name)
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COVER LETTER

TO:	Registration Section Division of Corporations		•		
SUBJ	RISENLIFE REALTY, LLC				
		me of Limite	d Liability Company		
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.		
Please	return all correspondence concerning the	his matter to	the following:		
MAT	THEW L. ANGERER				
	Name of Person				
RISE	NLIFE REALTY, LLC				
	Firm/Company				
3444	MARINATOWN LANE SUITE 19	1	•	=1. ~	,
	Address				
NOR	TH FORT MYERS, FL 33903			SECRETARY SE	
	City/State and Zip Code				TT AME
MAT	T.ANGERER@VERTICALCLOU	D.COM		#0.7 #1.S	
	E-mail address: (to be used for future an	nual report r	notification)	DA N) }
For fu	rther information concerning this matter	r, please call	:		•
MAT	THEW L. ANGERER	814	860-6872		
	Name of Person		Area Code & Daytime Telep	hone 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 followin	g amount:			
	2 \$25 Filing Fec		\$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

) 3444 MARINATOWN LANE SUITE 19 Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)		(b nipany:	Mailing address	VN LANE SUITE 19 of limited liability company BE POST OFFICE BOX)
· 	RT MYERS, FL 33903		NORTH FORT MY	ERS, FL 33903
03/09/2018			_18000062455	
Date of	filing/registration in Florida	a 4.	Document r	umber
) MATTHEW L	. ANGERER			
	nd Registered Office shown on the	records of the Florida	Dept. of State:	
MATTHEW L	ANGERER			
Registered Office A	Address (MUST BE FLORIDA	STREET ADDRESS		
8831 BUSIN	ESS PARK DRIVE SUI	TE #301		
FORT MYER	RS	. FL 33912		S 20
MATTHEW L.	. ANGERER			XOV I
) <u></u>	. ANGERER V Registered Agent and/or NEW	Registered Office add	lress:	100 E
Enter name of <u>NEW</u>		Registered Office add	lress:	SSEE FLOOR
Enter name of <u>NEW</u>	V Registered Agent and/or NEW ANGERER	Registered Office add	lress:	100 E
Enter name of NEW MATTHEW L NEW Registered O	V Registered Agent and/or NEW ANGERER		lress:	SSEE FLOW

the articles of organization or the operating agreement of the limited liability company.

MATTHEW L. ANGERER Math Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent