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COVER LETTER

TO: **Registration Section Division of Corporations**

L'i Te E Health Marketers, LLC SUBJECT:

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:

HenryK W. KupczyK Life i Health Marketers, LLC 221 W. Hallandale Bch Blud Ste 480 Hallandale, FL. 33009 henry elifehealthmarketers LLC. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Henry K. W. Kupczy K at (888) 688-4009 Area Code & Davtime Telephone Number

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

□ \$25 Filing Fee

S55 Filing Fee & Certified Copy

INHS18 (2/14)

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 Na	me of the limited liability company: <u>Life</u> of ZZIW. Hallandale Bch	Health M	arketers.	LLC
1. IVO	721W Hallend Ja Rel	Blud Ste	LISOL	landale EL
2. (a)	Principal office address of limited liability company:	Mailing a	ddress of limited liability	' company' →
	(<u>Note: MUST BE STREET ADDRESS</u>)	(<u>Note:</u>	MAY BE POST OFFIC	<u>E BOX</u> 33009
	Same	5	gin e	
	-			
	5/1/2018	L180	001092	134
3.	Date of filing/registration in Florida 4	• •	ent number	
5. (a)	Henryk W. Kupez.	IK		
	Registered Agent and Registered Office shown on the records of the F	orida Dept. of State:	1	\rightarrow \rightarrow \rightarrow \rightarrow
	221 W. Hallandale Be	h Blud S	te 480,	Hallandale
	Registered Office Address (MUST BE FLORIDA STREET ADD		,	FL 33009
		·		•
	. FL			51 X73 600
(b)	Same		¢.	-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Offi</u>		1 () .	. D
-	221 W. Hallandale B.	: L Blud "	ste 480	-
	<u>NEW</u> Registered Office Address:			52
		- <u> </u>		
	Hallandale .FL	FL 330	00 J	
change	mited liability company is not organized under the laws o or changes are made, the Florida street address of the regi	stered office and the bu	siness office of the r	egistered
was/w	vill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the	limited liability comp	r confirmed that the c any or as otherwise p	nange(s) rovided in
the arti	cles of organization or the operating agreement of the limit V_{V} V_{V}	ed liability company.		
	ure of a member or authorized representative of a member	HenryK	W- Ky	PCZYK
-	by accept the appointment as registered agent and agree to		or opped name of algree	
provisi the obl to mere	ons of all statutes relative to the proper and complete perf igations of avyposition as registered agent as provided for iv reflect a change in the registered office address, I here	ormance of my duties, à in Chapter 605, F.S. C w confirm that the limit	and I am familiar with Dr. if this document it ted liability company	h and accept s being filed has been

Signature of Registered Agent

~

Whis change.

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

notified in writing