## LK000112613

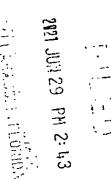
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



500368843565

2 1: 21:-0.011--0.8 \*\*69.00





## **COVER LETTER**

Division of Corporations
SUBJECT: LIFE REVIVAL COACHING STUDIO  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:
SHERW WYATT  Name of Person
LIPE REVIVAL CONCHING STUDIO, LLC.
11501 RAULENSON BOAD
RIVERVIEW 1-6 33.569  City/State and Zip Code
E-mail address: (to be used for future annual report notification) NOMIL COM
For further information concerning this matter, please call:
SNERRI WYATT at (813) 416 7723  Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
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. Name of the limited liability company: LIFE REVIVAL COA	CHING STUDIO, LLC
2. (a) 11501 Raukirson Road (b) 1150	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
RIVERVIEW, FL RIVER	EVIEW, FL
33569 3356	1
May 04, 2018 L180	00112613
3. Date of filing/registration in Florida 4.  5. (a) SHERRI WY ATT	Document number
Registered Agent and Registered Office shown on the records of the Florida Dept. of State	- e:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2921 .
GIBSONTON	29 11 3-23-25
, FL33534	- 97 <b>9</b>
(b) SHENN WHAT  Enter name of NEW Registered Agent and/or NEW Registered Office address:	29 PM 2: 43
NEW Registered Office Address:	. · -
PINERVIEW	-
	-
If the limited liability company is not organized under the laws of the State of Flochange or changes are made, the Florida street address of the registered office and agent will be identical. Or, in the case of a Florida limited liability company, it is was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability company.	If the business office of the registered the change (s) y company or as otherwise provided in
Signature of a member or authorized representative of a member	Printed of typed name of signee
I hereby accept the appointment as registered agent and agree to act in this cape provisions of all statutes relative to the proper and complete performance of my other obligations of my position as registered agent as provided for in Chapter 605 to merely reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.	icity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Signature of Begistered Agent	

## 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. Name of the limited liability company: 1, FE 22	WIVAL COACHING STUDIO LLC
2. (a) 4501 Baukison Boar	(b) 1131 houseson hari
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Rivarviow, FL	RIVERVIEW, FL
3356g	33569
1100 11 2010	130000117117
3. Date of filing/registration in Florida	4. Document number
5. (a) SHEPRI WYATT	23
Registered Agent and Registered Office shown on the records of	
Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)
CORSULTUN	22. 0
, FL	<u> </u>
(b) SHEWRO WINT  Enter name of NEW Registered Agent and/or NEW Registered	
Since name of who w Registered Agent and/or STEW Registered	TOTICE address.
NEW Registered Office Address:	
DNEWNEW	
, FL	<u>. 33.569</u>
If the limited liability company is not organized under the law change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the Signature of a member or authorized representative of a member	registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete public obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have the provided in writing of the change.	go to get in this careasity. I forther agrees to seconds with the

Signature of Registered Agent