## Florida Department of State Division of Corporations Electronic Filing CoverShear

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE AR LIFE LLC

Certificate of Status	0
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Estimated Charge	\$25.00

JUN 03 2022

M. SOLODO

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## 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	nme of the limited liability company: AR LIFE	LLC				
2. (a)	Principal office address of limited liability company:	_ (b)		Aailing address of limited	Hiability company:	
	( <u>Note: MUST BE STREET ADDRESS</u> )			(Note: MAY BE POST		
	06/08/2018	- - I	1800	0142146		
3.	Date of filing/registration in Florida	- <b></b>	_1000	Document number		
	LINITED STATES CORROBATION AC		SINC			
5. (a)	Registered Agent and Registered Office shown on the records of t			<b>:</b> :		
	5575 S. Semoran Blvd.					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		•		
	Suite 36			_		
	Orlando, FL	32822		•	2028	
(b)	Registered Agents Inc.	_			VHT ZZIZ	· · ·
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		- 编译 ~	
	7901 4th St N			_	*# 12: 34	/T
	NEW Registered Office Address:				္ဆိုင္းမွာ	
	STE 300			_		
	St. PetersburgFL	33702		-		
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liater authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regist ability con of the limi	tered office mpany, it is ted liabilit	e and the business of s hereby confirmed t y company or as othe	ffice of the regis that the change(!	itered s)
	Rilun Park		y Park			
	ature of a member or authorized representative of a member			Printed or typed name of		
provis the ob to mer	thy accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I had in writing of this change.  Bill Havre - Assistan	performa d for in C hereby co	ince of my hapter 605 infirm that	acity. I further agre duties, and I am fam 5, F.S. Or, if this doc the limited liability (	e to comply with ailiar with and a cument is being company has be	h the ccept filed en

Signature of Registered Agent