118000 236 250

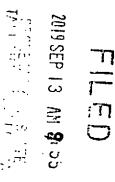
(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



200333965632

09/13/19--01007--012 **25.00



Y SULKER SEP 2 4 2019

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations	,			
SUBJ	Crafted Life Counseling LLC	>			
•	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change an	nd fcc(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to th	e following:		
Holly	Golden				
	Name of Person				
Crafte	ed Life Counseling LLC				
_	Firm/Company				
1555	Howell Branch Rd Ste C202				
	Address				
Winte	er Park, FL 32789				
	City/State and Zip Code				
hollyg	oldencounselor@gmail.com	•			
E	E-mail address: (to be used for future and	ual report not	ification)		
For fu	ther information concerning this matter,	please call:			
Holly	Golden	407 at (496-1439		
	Name of Person	(Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314		
	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. N	ame of the limited liability company: Crafted Life	e Counse	eling LLC	<u> </u>
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1555 Howell Branch Rd, Ste C202		1555	Howell Branch Rd, Ste C202
	Winter Park FL 32789	-	Winte	r Park, FL 32789
	10/05/2018		L18000	0236250
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
, ,	Registered Agent and Registered Office shown on the records	s of the Flori	da Dept. of	State:
	United States Corporation Agents, Inc.			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>55)</u>	
	5575 S. Semoran Blvd Suite 36			
	Orlando	FL 32822	2	7019 SEP
(b)		1000		_
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office a	ddr <u>ess</u> :	
	Registered Agents Inc.			
	NEW Registered Office Address:			
•	7901 4th St N, Ste 300			<u>. </u>
	St. Petersburg	FL_33702	2	
the changent was/w the art Signa I here provis the obto mer	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the member of a member or authorized representative of a member observed the appointment as registered agent and ions of all statutes relative to the proper and compilingations of my position as registered agent as provedy reflect a change in the registered office address of in writing of this change.	s of the reg d liability ors of the li the limited	gistered of company, mited liab I liability of Holl	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company. Colder Printed or typed name of signee

Signature of Registered Agent