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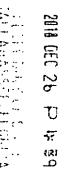
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MI 08 253 T. LEWEUX **COVER LETTER**

то:	Registration Section Division of Corporations	F
SUBJ		VET LIFE Limited Liability Company
Dear S	ir or Madam:	
The er	nclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please	return all correspondence concerning this ma	tter to the following:
	Evelyne Goido	<u>t</u>
	Planet Life	
	Firm/Company	
	682 Berkeley	Street
	Boco Ration, City/State and Zip Code	FL. 33187
	egbocarat@gmail	. Com
—— <u>—</u>	-mail address: (to be used for future annual re	port notification)
For fur	ther information concerning this matter, pleas	e call:
1	Evelyne Gaidot al	
	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following amount	unt:
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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. Nai	me of the limited liability company: PLANET LIFE
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Boca Raton, FL 33427 Boca Raton, FL 3348
3.	Dec 4, 2018 Date of filing/registration in Florida L 18000278955 Document number
5. (a)	CHEYENNE MOSELEY, US CORP. Point'S Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET-ADDRESS)
	TAMPA .FL 33GIZ
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	Bocs Robon FL 33487
the char agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nige or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
Signate	ure of a member or authorized representative of a member EVELYNE C-AID OT Printed or typed name of signee
provisio the obli to mere	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and <u>camplete</u> performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.