

L19000128087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

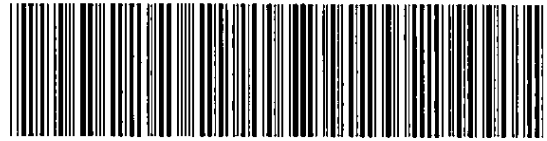
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



800330197148

2019 JUN -3 AM 11:52
FILED

APPROVED
AND
FILED

800330197148
06/03/19--01017--002 *50.00

RECEIVED
19 JUN -3 AM 11:24
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Real Life Solutions LLC
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:

Ashtleigh Wilson
Name of Person

Real Life Solutions LLC
Firm/Company

PO Box 4241
Address

Haines City, FL 33843
City/State and Zip Code

Ashtleigh.L.Wilson@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashtleigh Wilson at (954) 483-0611
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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2019 JUN -3 AM 11:52
FILED

APPROVED
AND
FILED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: Real Life Solutions LLC
2. (a) Principal office address of limited liability company: 1051 CR 544 E
(Note: **MUST BE STREET ADDRESS**) Unit 4241
Haines City, FL 33845
- (b) Mailing address of limited liability company: 1051 CR 544 E
(Note: **MAY BE POST OFFICE BOX**) Unit 4241
Haines City, FL 33845
3. Date of filing/registration in Florida _____
4. Document number L19000128087

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Ashleigh Wilson

Registered Office Address:

1051 CR 544 E
Unit 4241
Haines City, FL 33845

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**)

1051 CR 544 E
Unit 4241
Haines City, FL 33845

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ashleigh Wilson
Signature of a member or authorized representative of a member

Ashleigh Wilson
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ashleigh Wilson
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

APPROVED
AND
FILED
2019 JUN -3 AM 11:52