

L200000 41467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

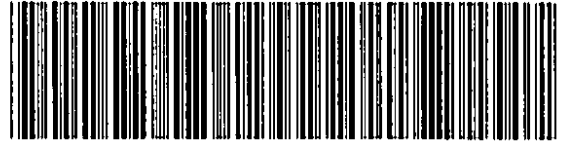
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR 29 2020  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

LIFE 100 LLC

**SUBJECT:** \_\_\_\_\_  
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:

MAITE RIVERO

\_\_\_\_\_  
Name of Person

LIFE 100 LLC

\_\_\_\_\_  
Firm/Company

1925 E 4 AVE SUITE 2

\_\_\_\_\_  
Address

HIALEAH , FL 33010

\_\_\_\_\_  
City/State and Zip Code

maiterivero@life100store.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Miguel Gonzalez

786

493-7513

\_\_\_\_\_  
at ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*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.*

INIS18 (2/14)

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2020 APR 20 PM 4:10  
APR 20 2020  
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