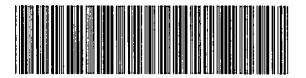
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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MA | IL | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| (Socialient Hambel) | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Secti Division of Corpo | | | |
|---|-------------------------|--------------------|---|
| LIFE 100 LI | .C | | |
| SUBJECT: | Ni | | 1.1772 |
| | Nam | e of Limited La | ability Company |
| Dear Sir or Madam: | | | |
| The enclosed Registered / | Agent/Registered Offic | ce Change and f | ee(s) are submitted for filing. |
| Please return all correspor | dence concerning this | s matter to the fo | ollowing: |
| MATTE RIVERO | | | |
| N' | ame of Person | | _ |
| LIFE 100 LLC | | | |
| F | rm/Company | - | _ |
| 1925 E 4 AVE SUITE 2 | | | |
| | Address | - | _ |
| HIALEAH , FL 33010 | | | |
| City/S | State and Zip Code | | _ |
| maiterivero@life100store.c | m | | |
| E-mail address: (to b | e used for future annu | ial report notific | ration) |
| For further information co | ncerning this matter, [| please call: | |
| Juan Miguel Gonzalez | | 786 | 493-7513 |
| N Ct | | at (| _) |
| Name of I | rerson | | Area Code & Daytime Telephone Number |
| Mailing Address | | | Street Address: |
| Registration Sec | | | Registration Section |
| Division of Corp | orations | | Division of Corporations |
| P.O. Box 6327 | | | The Centre of Tallahassee |
| Tallahassee, FL | 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a che | ck for the following a | 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.

| N [†] o | LIFE 100 LLC ame of the limited liability company; | | |
|------------------------------------|--|--|--|
| | 2875 NE 191ST STREET SUITE 500 AVENTURA, FL 33180 | | 5 NE 1918 I STREET SULLE 500 AVENTURA, FL33180 |
| . (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SAME AS ABOVE | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) ME AS ABOVE |
| . (a) | Date of filing/registration in Florida Maite Rivero | 4. | L20000041467 Document number |
| () | Registered Agent and Registered Office shown on the records of 1925 E.4 AVE SUITE 2 HIALEAH, FL 33130 | the Florida Dept. | of State. |
| | Registered Office Address (MUST BE FLORIDA STREET A | (DDRESS) | |
| (b) | FI_ | , | 2020 APR 6 |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | - 78 |
| | 2875 NE 191ST STREET SUITE 500 AVENTURA, FL.: | 33180 | <u> </u> |
| | NEW Registered Office Address: ADD Manager Juan Miguel Gonzalez | | <u> </u> |
| | AVENTURA , FL | 33180 | |
| iange gent w as/we e arti | mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | registered off ability compan of the limited b | ice and the business office of the registered iy, it is hereby confirmed that the change(s) liability company or as otherwise provided in |
| Signat | ure of a member or withorized representative of a member | | Printed or typed name of signee |
| ovișie e obli mere | ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I k I'm writing of this change. | ee to act in th performance of I for in Chapto iereby confirm | is capacity. I further agree to comply with the of my duties, and I am familiar with and acceper 605, F.S. Or, if this document is being filed at the limited liability company has been |
| ignatur | e of Registered Agent | | |