

L20000 133442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

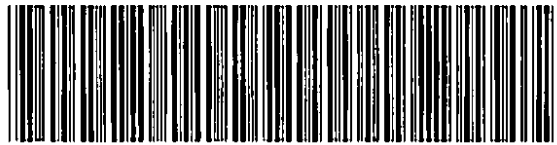
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

Proof of Life, 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:

Jennifer Kuhn

Name of Person

Proof of Life, LLC

Firm/Company

936 S Howard Ave Unit 415

Address

Tampa, FL 33606

City/State and Zip Code

jenniferkuhn111@yahoo.com

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

For further information concerning this matter, please call:

Jennifer Kuhn

813

7120778

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

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.

Proof of Life, LLC

1. Name of the limited liability company: 305 S Westland Ave D Tampa, FL 33606 305 S Westland Ave D Tampa, FL 33606
2. (a) Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**) 936 S. HOWARD AVE UNIT 415
TAMPA, FL 33606
- (b) Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**) 936 S. HOWARD AVE UNIT 41
TAMPA, FL 33606

05/18/20

L20000133442

3. Date of filing/registration in Florida 4. Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
305 S Westland Ave D

Tampa 33606
, FL

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

Jennifer Kuhn

NEW Registered Office Address:
936 S Howard Ave Unit 415

Tampa 33606
, FL

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.

Signature of a member or authorized representative of a member

PAUL RADCLIFFE
Printed or typed name of signer

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.

Signature of Registered Agent