La 1000142213

(Re	equestor's Name)	•	
. (Ac	ddress)		
(Ac	ddress)		
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		:	

Office Use Only



100375371301

10 (26, (21--01008--001 **55, 00

2021 OCT 26 TH 8: 53

OCT 2 6 2021 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Better Life I	nde Pendent Care LLC
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Anosline Eugene Name obperson	
Be Her Life in ole feno	lent Carp
1931 Drum Dr Address	
KISSI MMEE FL 34759 City/State and Zip Code	
BeHer Care Log Mail. Com E-mail address: (to be used for future annual rep	nort notification)
For further information concerning this matter, please	e call:
A nosi; ne sugante at (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

Enclosed is a check for the following amount:

S25 Filing Fee

\$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OF 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. Na	me of the limited liability company: BeHer LEFE Inole	Pendent CareLLC
	1931 Drum Dr Kissimmer Flavago)	Tailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
3.	MOYCH 25 2021 L210 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	:
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1931 Drum Dr Kissimmer FL 34759 Anoshine Suglarl Enter name of NEW Registered Agent and/or NEW Registered Office address:	2021 OCT 26 NM 9: 00
	1 NEW Registered Office Address: 1931 Drum Dr	
	Kissimmer FL 34759	
change agent was Av the arti		I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee
provise the obj to mer notified	by accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my a igations of my position as registered agent as provided for in Chapter 605, ely reflect a change in the registered office address. I hereby confirm that t it in writing of this change.	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been