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DATE: 12/3/21

NAME: ESSENCE FOR LIFE GLOBAL LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: 25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations	;		
SUBJECT: ESSENCE FOR L	LIFE GLOBAL LLO	C	
	Name of	Limited	Liability Company
Dear Sir or Madam:			
The enclosed Registered Agent/R	legistered Office Cl	nange an	d fec(s) are submitted for filing.
Please return all correspondence	concerning this mar	ter to the	e following:
KATELYN BEA	N		
Name of	Person	-	
PARACORP INCO	RPORATED		
Firm/Con	npany	_	
2804 Gateway Oaks Drive		<u>.</u>	
Address	i		
SACRAMENTO, CA 958		· - ·	
City/State and	l Zip Code		
PARACORP@MYP.	ARACORP.COM		
E-mail address: (to be used for	or future annual rep	ort notif	ication)
or further information concerning	this matter, please	call:	
KATELYN BEAN	at (888	272-3725
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	e following amoun	t:	
₹ \$25 Filing Fee		□ \$ 5	5 Filing Fee & Certified Copy
THS18 (2/14)			

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.

	me of the limited liability company: ESSENCE FO		
(a) _	Principal office address of limited liability company:	(b)	Mallion III of America
	(Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Nate: MAY BE POST OFFICE BOX)
_	04/13/2021 Date of filing/registration in Florida	L210	000170243 Document number
a) _	Panistra-1 A	- 	
ĸ	Registered Agent and Registered Office shown on the records of t REGISTERED AGENTS INC.	the Florida Dept. of	State:
F	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
	7901 4TH ST N STE 300		
_	ST. PETERSBURG , FL	33702	7021
)			
디	nter name of NEW Registered Agent and/or NEW Registered (Office address:	3
_	Paracorp Incorporated		AM 9: CF ST SSEE. I
<u>N</u>	EW Registered Office Address:		r 38 TATE . FL
_	155 Office Plaza Drive, 1st Floor		, H &
_	Tallahassee, , FL_	32301	
will ere a	ted liability company is not organized under the laws changes are made, the Florida street address of the rebe identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the organization or the operating agreement of the limited liability.	ility company, i	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
1	raed .	R	Brown Trov Dank
T rei ,	of a member of authorized representative of a member		
rej Mic o	of a member of authorized representative of a member accept the appointment as registered agent and agree of all statutes relative to the proper and complete perions of my position as registered agent as provided for effect a change in the registered office address, I here writing of this change.	to act in this ca rformance of my or in Chapter 60 eby confirm tha	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and access, F.S. Or, if this document is being file to the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00