L23000315481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your_My Life LLC
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:

Calcifer Gardner
Name of Person

Your_My Life LLC
Firm/Company

1317 Edgewater DR
Address

Orlando, FL 32804
City, State and Zip Code

admin@yourmylife.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rochelle Johnson at 321 800-8759, ~~407 335-1622~~ ERROR RJ
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 ☐ $52 Filing Fee & Certified Copy

INHSNS021311

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

1. Name of the limited liability company: Your — My Life LLC

2. (a) Your — My Life LLC
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
1317 Edgewater DR. Suite 2210
Orlando, FL 32804

(b) Your — My Life LLC
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
1317 Edgewater DR. Suite 221
Orlando, FL 32804

3. 7/6/2023
Date of filing registration in Florida

4. L23000315481
Document number

5. (a) Rochelle Johnson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
2719 Grapevine Crest
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ocoee FL 34761

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TALLAHASSEE, FLORIDA

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

Calcifer Gardner
NEW Registered Office Address
1317 edgewater Dr
Orlando FL 32804

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]
Signature of authorized representative of a limited liability company

Rochelle Johnson
Printed or typed name of signature

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]
Signature of Registered Agent

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

INH5I8 (2/14)