M02000001355

	-				
CALVERT LAW FIRM ATTORNEYS AND COUNSELORS AT LAW 1041 N.W. GRAND BOULEVARD OKLAHOMA CITY, OKLAHOMA 73118					
(City/State/Zip/Phone #)	-				
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:	T				
m02-1355					
Office Use Only					



300043703153

MJH

HHZ19Z05--01005--003 **25.00

05 JAN 19 PH 4: 08

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The same of the limiter		Legacy for Life, LLC	
1. The name of the limited			
2. The mailing address of	the limited liability cor	npany is: 2725 Center Plac	<u>e</u>
Melbourne, FL 32940		<u> </u>	<u> </u>
May 28, 2002 M0200000135		5	
3. Date of filing/registrati	on in Florida	4. Document num	ber
5. The name of the registe Florida Department of S			n the records of the
	2725 CENTER PLA	Name CE	
	MELBOURNE FL 3	Address 2940 State and Zip	. 05 JAN
6. The name and address of	of the new registered ag	ent and/or office:	
	CRAMP, ROBIN		. W (
	2725 CENTER PLA	lame CE	PH 4: 08
•	Florida street address	(P.O. Box NOT acceptable)	8 D8
	MELBOURNE	FL 32940	_
	Cíty, S	tate and Zip	
confirmed that after the chand the business office of liability company it is her	tange or changes are me the registered agent with the confirmed that the diability company or a fifth limited liability confirmed the limited liability confirmed liability liab	ander the laws of the State of F ade, the Florida street address of ll be identical. Or, in the case of change(s) was/were authorized as otherwise provided in the art ompany.	of the registered office of a Florida limited I by an affirmative vote (
Randall K. Calvert			
(Printed or typed name of Signee)			
I hereby accept the appoint the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered as s of all statutes relative d accept the obligation his document is being f that file limited liabilit	gent and agree to act in this ca to the proper and complete pe s of my position as registered a iled to merely reflect a change y company has been notified in	pacity. I further agree to exformance of my duties, egent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)	HT .	<u>::</u>	

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314