

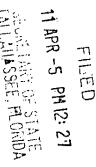
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K. SALY EXAMINER APR 7 2011

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LIFE NUIKITION ALES, 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:			
NEISIN KRAUCAK Name of Person			
Life Gamy Machee Center			
1501 M Hwy Geft N., Swell 1702 Address			
The Village, At 32/59 City/State and Zip Code			
Chelator @aol. com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Men Krancak at (3t2) \$10 4933			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 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 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. Name of the limited liability company: <u>LIFE NO</u>	ITRITIONALES, LLC
2. (a) Principal office address of limited liability company	11-01 110 11
(Note: MUST BE STREET ADDRESS)	Suite 1704
	1 Ne VI 11 Mes, fe 32159
(b) Mailing address of limited liability company:	1501 US Arry 441 N
(Note: MAY BE POST OFFICE BOX)	Suite 1704
- /: /	wellings, Just 1593
3. Date of filing/registration in Florida	M05000063991 5 5 m
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	arsengenick, Dan 300
Registered Office Address:	1501 US Arry 441 N., Suite 1702
	HeVillags, 1232159
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:
NEW Registered Agent:	Nelson prancak
NEW Registered Office Address:	1501 US Hwy 441 N., Sule 1702
(MUST BE FLORIDA STREET ADDRESS)	the Villages
•	,FL <u>3277</u>
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.	orida street address of the registered office
Signature of a member or authorized representative of a member	-
NELSON KRAUCAK	_
Printed or typed name of signee	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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