M14000007113

(Re	questor's Name)			
- (Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			





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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations			
SUBJECT: LIFESTYLE E SALES, LLC			
Nai	me of Limited Liab	ility Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and fe	e(s) are submitted for filing.	
Please return all correspondence concerning the	his matter to the fol	llowing:	
Donna Bertucci			
Name of Person			
Corporate Direct, Inc			
Firm/Company		•	
2248 Meridian Blvd. Suite H		_	
Address	1	- Statistical state of the state of	
Minden, NV 89423			
City/State and Zip Code		-	
info@corporatedirect.com			
E-mail address: (to be used for future an	inual report notifica	ation)	
For further information concerning this matte	r, please call:		
Donna Bertucci	775	782-2201	
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAJ	LING ADDRESS:	
Registration Section	•	Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Talla	shassee, Florida 32314	
Enclosed is a check for the following	ng amount:		
\$25 Filing Fee	\$55	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 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	ame of the limited liability company: LIFESTYLE I		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	60 EAST SIMPSON AVE, BOX 2869	60 E A	AST SIMPSON AVE, BOX 2869
	·		
	JACKSON, WY 83001	JACK	SON, WY 83001
	10/02/2014	M1400	0007113
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	State:
	Gerri Detweiler		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	
	1037 Greystone Lane		OF CASE
	Sarasota	34232	DEC 19 PM 4: 00
	, PL		
(b)			3
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	— —
			00
	REGISTERED AGENTS INC.		
	NEW Registered Office Address:		
	3030 N. Rocky Point Drive, STE 150A	****	
	Tampa , FI	33607	
signal Signal I here provise the obtomer	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the first of a member or authorized representative of a member or authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do not not into of this change. Bill Hayre/Assistant Sections	f the registered of lability company, of the limited liability company is limited liability of the limited liability of t	ifice and the business office of the registered it is hereby confirmed that the change(s) dility company or as otherwise provided in company. Printed or typed name of signee capacity. I further agree to comply with the

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