M15000008636

(Requestor's Name)					
(Address)					
(Address)					
(Ćity/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special Instructions to Filing Officer:					





200304772002

10/24/17--01026--016 **25.00

2017 GCT 24 EK II: 26

DET OF MERRIS

TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Friday, October 20, 2017

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Change of Registered Agent

For SECOND LIFE HOMES, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

Please return the file stamped copy of the Articles to the address below:

Renewal Department 5605 Riggins Court Suite 200 Reno NV 89502

COVER LETTER

Division of Corporations				
SUBJECT: SECOND LIFE HOMES, LL	_C			
Name of	Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Richard Freeborn				
Name of Person				
SECOND LIFE HOMES, LLC				
Firm/Company				
402 LAKE DR.				
Address				
DELRAY BEACH, FL 33444				
City/State and Zip Code				
RFREEBORN C CONCHCONSUL				
E-mail address: (to be used for future annual re	eport notification)			
For further information concerning this matter, pleas	se call:			
RICHARA FREEBORN at	954, 770, 9668			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amo	unt:			
\$25 Filing Fee	25 Filing Fee & Certified Copy			

INHS18 (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.

1. N	ame of the limited liability company: SECOND	LIFE	HOMES	S, LLC	
2. (a)	SECOND LIFE HOMES, LLC		(b) SECOND LIFE HOMES, LLC		
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· -	Mailing address of limited (Note: MAY BE POS	d liability company:
			402 LA	KE DR.	
	DELRAY BEACH, FL 33444	_	DELRAY	Y BEACH, FL 3344	14
	10/27/2015		M15000	0008636	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)				
J. (u	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	e:	
	BUSINESS FILINGS INCORPORATED)			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE:	<u>(S)</u>	_	
	1200 SOUTH PINE ISLAND RD.			•	2 0
	PLANTATION EI	3332	4	_	2017 OCT
	, FL		'	_	
(b					÷ :
(0	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	_	7.
	Registered Agents Inc.				;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	NEW Registered Office Address:			_	\ , \
	3030 N. Rocky Point Dr. STE 150A			_	
	Tampa	3360)7	_	
the chagent was/v the ar Sign I her provide the object to me	limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the latter of a member or authorized representative of a member leby accept the appointment as registered agent and agestions of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address, I seed in writing of this change. Bill Havre - Assistantia.	I the regability of the library of t	eistered office company, it is imited liability core liability core ct in this cape mance of my Chapter 60 confirm that	te and the business of is hereby confirmed to ty company or as other mpany. Printed or typed name coacity. I further agree	fice of the registered that the change(s) erwise provided in of signee

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

Signature of Registered Agent