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bbA)	ress)				
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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations		
PEAK LIVING, LLC		
Nan	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Mike Mirrione		
Name of Person		
WolzCorporateUSA		
Firm/Company		
36 South 18th Avenue, Suite D		
Address		
Brighton, CO 80601		
City/State and Zip Code		
mike@wolzcorporate.com		
E-mail address: (to be used for future ann	ual report notification)	
For further information concerning this matter.	please call:	
Mike Mirrione	303 655-9659	
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	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. Name of the limited liability company: PEAK LIVIN	IG, LLC				
2. (a) 4956 NORTH 300 WEST, STE 300		(b) 4956 NORTH 300 WEST, STE 300			
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
PROVO, UT 84604		PROVO	, UT 84604		
11/15/2016		M160000	009169		
3. Date of filing/registration in Florida	4.		Document number		
5. (a) C T CORPORATION SYSTEM					
Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	of the Florid	da Dept. of State	- 2:		
Registered Office Address (MUST BE FLORIDA STREET	"ADDRES	<u>(S)</u>			
PLANTATION F	33324	1	TALL.	2019 AUG 15	
(b) Universal Registered Agents, Inc.			AHA	<u> </u>	المحت محتت
Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:			i Ti
1317 California Street			<u>मार</u> जिल्ल	AM 9: 1	-
NEW Registered Office Address:	···-		·		
Tallahassee	32304				
, P	دا	·	-		
If the limited liability company is not organized under the la he change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited I was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the	of the reg liability of of the line e limited	istered office ompany, it is nited liability	e and the business office s hereby confirmed that v company or as otherw	e of the reg the chang	gistered c(s)
Signature of a member or authorized representative of a member			Printed or typed name of sig	gnee	
I hereby accept the appointment as registered agent and agreending of all statutes relative to the proper and complete the obligations of my position as registered agent as provide ownerely reflect a change in the registered office address, ladificatin writing of this change.	gree to ac e perforn ed for in Thereby c	t in this cape lance of my a Chapter 605, confirm that i	acity. I further agree to luties, and I am familia , F.S. Or, if this docum the limited liability com	comply w r with and ent is bein pany has i	ith the l accept 19 filed been
Signature of Registered Agent					
Division of Corporations • P.O. FILING 1			see, FL 32314		