1117000003658

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

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: June 06, 2017	Account#: 12000000088
Name: Michelle Walker	
Reference #: M090286	
Entity Name: LIFESTYLEPANE	L USA LLC
Articles of Incorporation/Authorization	to Transact Business
✓ Amendment	
Change of Agent	
Reinstatement	of file date
☐ Conversion	Retain original file date
Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other CERTIFIE	D COPY UPON FILING
Please include a copy of cover letter	with returned evidence. Thanks!
Authorized Amount:	Please note: If authorized amount is incorrect, please call Michelle at 518-213-0737.
Signature: Wichelle Walk	áge

+1.212.947.7200



June 7, 2017

COGENCYGLOBAL

SUBJECT: LIFESTYLEPANEL USA LLC

Ref. Number: M17000003658

We have received your document for LIFESTYLEPANEL USA LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being retained for the following:

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist III

Letter Number: 417A00011419

COVER LETTER

TO;	Registration Division of C				
SUBJ	ECT:	Life	stylepanel USA Li	LC	
		Name of Fore	ign Limited Liabili	ity Comp	pany
Dear .	Sir or Madam:				
The e	nclosed applica	ation, certificate and fee(s) are submitted for	filing.	
Please	e cetum all corr	espondence concerning	this matter to the fo	ilowing:	•
***		Joey Tongson			
	·	Name of Person			
	Sheppard	Multin Richter & Hampi	ton LLP		
		Firm/Company			
		379 Lytton Avenue			
		Address			
		Palo Alto, CA 94301			
		City/State and Zip Co	de		
		son@sheppardmullin.co			
E-m	ıail address: (to	be used for future annu	al report notificatio	on)	
For fu	rther informati	on concerning this matte	r, please call:		
	Joey	/ Tongson	at (650)		815-2649
	Nam	e of Person	Area Code &	z Daytim	e Telephone Number
	STREET/CO	DURIER ADDRESS:		MAUJ	ING AUDRESS:
Registration Section			Registration Section		
Division of Corporations			Division of Corporations		
Clifton Building			P.O. Box 6327		
		ve Center Circle		Tallaha	ssee, Florida 32314
	Tallahassee,	Florida 32301			
Enclo	ed is a check.	for the following amoun	nt:		
	Filing Fee	\$30 Filing Fee &	\$55 Filing	Fcc &	\$60 Filing Fcc,
		Certificate of Statu			Certificate of Status &

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State: Lifestyleps	anel USA LLC			
			_	
(Principal office address MUST BE A STREET ADDRESS)	······································			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(Malling address			*	
MAY BE A POST OFFICE BOX)			.	
2. The Florida document number of this limited liability co	ompany is:	M17000003658		
3. Jurisdiction of its organization:	Delawar	re		
4. Date authorized to do business in Florida;				
SECTION II (5-9 complete only the applicable changes				
5. New name of the limited liability company: (must contain	"Limited Liability	y Company, ""L.L.C.," or "LLC	 ")	
(If name unavailable, enter alternate name adopted for the copy of the written consent of the managers or managing must contain "Limited Liability Company," "L.L.C." or "L	nembers adopting t	ting business in Florida and atta the alternate name. The alternate	ch a name	
6. If amending the registered agent and/or registered office registered agent and/or the new registered office address h	r address on our re ero:	cords, enter the name of the new	Y.	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	. A-1, - 1- 1 1 1- 1- 1- 1- 1- 1- 1- 1-		
New Registered Office Address:	L'aron E	lorida Street Address	·	
	City	Florida Zip Code		
New Registered Agent's Signature, it changing Registered I hereby accept the appointment as registered agent and at the provisions of all statutes relative to the proper and con and accept the obligations of my position as registered age document is being filed to merely reflect a change in the reliability company has been notified in writing of this change.	gree to act in this of aplete performance ent as provided for egistered office add	e of my duties, and I am familiar • in Chanter 605. F.S. Or, if this	with	

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:							
Title/ Capacity	Name	Address	Type of Action				
Founding Director and Vice President of Sales	Clament Ross Coldwell	8996 Plazza Granda Avenue, #309, Orlando, FL 3	2835 X Add				
			Remove				
Miles			Add				
			Remove				
			Add				
		41,41,41,41,41,41,41,41,41,41,41,41,41,4	Remove				
			Add				
			Remove				
material A continuo remote del Antonio			Add				
			Remove				
aforementioned	rtificate, if required: no more than amendment(s), duly authenticated or the law of which this entity is or	by the official having custody of records in the					
	Signatura (of the authorized representative					

Filing Fee: \$25.00