

8/22/24 1:39 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240002821763)))



H240002821763ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FIRST COAST CORPORATE SERVICES
Account Number : I20240000035
Phone : (904)490-0391
Fax Number : (706)310-8269

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
2024 AUG 22 AM 2:59
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
LIF INDUSTRIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

AUG 23 2024

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIF INDUSTRIES, 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.

Name of Person

Universal Registered Agents, Inc.

Firm/Company

12900 METCALF, SUITE 140

Address

OVERLAND PARK, KS 66221

City/State and Zip Code

INFO@URAGENTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHY BUTLER at (855-236-9172)
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: LIF INDUSTRIES, LLC

2. (a) Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

5 HARBOR PARK DRIVE

PORT WASHINGTON, NY 11050

(b) Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

5 HARBOR PARK DRIVE

PORT WASHINGTON, NY 11050

05/07/2015

M23000063314

3. Date of filing/registration in Florida

4. Document number

5. (a) INCORP SERVICES, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State

3458 LAKESHORE DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE

FL 32312

(b) Universal Registered Agents, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address

1317 California Street

NEW Registered Office Address

Tallahassee

FL 32304

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ric Tilley, Secretary

RIC TILLEY

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kathy Butler

Signature of Registered Agent

FILED
2024 AUG 22 AM 2:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE