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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts AUG 23 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Live Laugh Love Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: NO9000005585

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margaret Doern
Name of Contact Person

Live Laugh Love Foundation, Inc.
Firm/Company

19619 Dogpatch Ln
Address

Land O Lakes FL 34638
City/State and Zip Code

peggy@live laugh love foundation . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Doern at (813) 995-2836
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Live Laugh Love Foundation, Inc.

2. The principal office address: 19619 Dogpatch Ln.
Laud O Lakes, FL 34638

3. The mailing address (if different): _____

4. Date of incorporation/qualification: June 8th 2009 Document number: NO9000005585

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Rachel Lunsford
6533 Talogi Trail
Wesley Chapel, FL 33545

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Georgette Kellyn
23851 Forestview Dr.
P.O. Box NOT acceptable
Laud O Lakes, FL 34639

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Margaret Doerr
Signature of an officer or director

Margaret Doerr
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Georgette Kellyn
Signature of Registered Agent

8-9-10
Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314