N11000004158

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	of Status		
<u> </u>				
Special Instructions to I	Filing Officer:			
		1		

Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: THE POWER OF LIFE, INC. of Corporation		
Name	of Corporation		
DOC	UMENT NUMBER: N11000004158		
The cr	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
JOLET	TA GUERTIN		
Name	of Contact Person		
THEP	OWER OF LIFE, INC.		
Firm/C	Company		
7300-1	7TH ST N		
Addre	SS	****	
ST PE	TERSBURG, FL 33702		
City/S	tate and Zip Code		
E-mai	l address: (to be used for future annual	81@Gmil:Com Treport notification)	
For fu	rther information concerning this matter, p	blease call:	
JOLET	TA GUERTIN	at (727) 421-8892 Area Code & Daytime Telephone Number	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclos	sed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address:	Street Address:	
	Mailing Address: Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statute n organized under the laws of the State of FLORII registered agent, or both, in the State of Florida	DA
1. The name of	the corporation: THE POWER OF	LIFE, INC.	
	office address: 7300 17TH ST N, S		
3. The mailing a	address (if different): PO BOX 943.	. PINELLAS PARK, FL 33780	
4. Date of incor	poration/qualification: 4/25/2011	Document number: N11000004158	
	d street address of the current regis	stered agent and registered office on file with the resigned)	
	JOSSETTE MALTI		
	1536 PARK STREET NORTH	7 F F F F F F F F F F F F F F F F F F F	7022 S
	ST PETERSBURG, FL 33710	——————————————————————————————————————	2022 SEP -6
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered office.	6 PM 3: 08
	JOLETA GUERTIN	-re ¹¹	: 08
	7300 17TH ST N		
		P.O. Box NOT acceptable	
	ST PETERSBURG, FL 33702		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its regis	stered agent.
Such change wathorized by the	as authorized by resolution duly a he board, or the corporation has b	idopted by its board of directors or by an office seen notified in writing of the change.	r so
Dectar.	2 Suestin	JOLETA GUERTIN, PRESIDENT	
/	ne of air on cer or director	Printed or typed name and title	
Thereby accept I further agree of my duties, an document is be corporation ha	the appointment as registered as to comply with the provisions of a law familiar with and accept ting filed merely to reflect a chang s been notified in writing of this c	zent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered agen ze in the registered office address, I hereby con, change.	performance it. Or, if this firm that the
Joli fu	gnature of Rogination Agent	09/01/2022 Date	<u>, </u>
If signing on be	chalf of an entity:		
	•		
	yped or Printed Name	-	

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