

N11000011310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

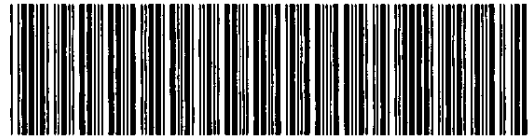
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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13 AUG 23 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 27 2013

EXAMINER



August 22, 2013

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Carolyn Lewis / Regulatory Specialist II

Thank you so much for your help in updating the registered agent for the Friends For Life WPB Corporation. You are always extremely helpful and friendly which is truly appreciated!! Per our conversation earlier today, attached please find check number 1001 in the amount of thirty-five dollars which was required to finish processing our revisions.

If you require any additional information, please feel free to contact me directly.

Best regards,

A handwritten signature in cursive script that reads "Kelli C. Shipe".

Kelli C. Shipe
Director
Cell - 561-670-9976
Kellishipe@bellsouth.net

RECEIVED
AUG 26 PM 3:21
DIVISION OF CORPORATIONS
FLORIDA
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2013

KELLI SHIPE
17314 82ND ROAD NORTH
LOXAHATCHEE, FL 33470

SUBJECT: FRIENDS FOR LIFE WPB, CORP.
Ref. Number: N11000011310

We have received your document for FRIENDS FOR LIFE WPB, CORP., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

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) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 213A00016828

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Friends For Life WPB Corp.
2. The principal office address: 17314 82nd Road North Loxahatchee, FL 33470
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/08/2011 Document number: N11000011310
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)

Kerry A. Biederman

15200 Hamlin Blvd.

Loxahatchee, FL 33470

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

Kelli Shipe

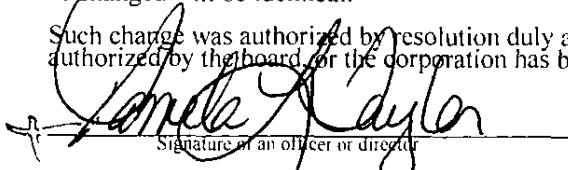
17314 82nd Road North

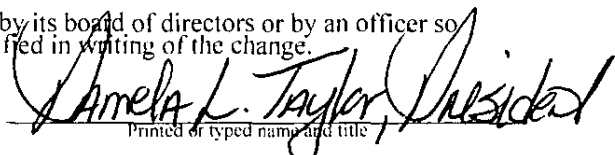
P.O. Box NOT acceptable

Loxahatchee, FL 33470

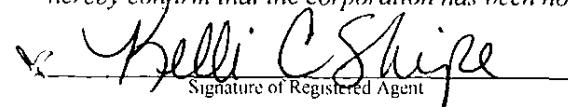
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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


Signature of an officer or director


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.


Signature of Registered Agent

7/17/13
Date

If signing on behalf of an entity:

Friends For Life WPB
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
CR2E045 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA