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(((H22000065611 3)))



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Division of Corporations

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From:

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Account Number : I20100000062

Phone

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

H22000065611 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

FOR CORPO	DRATIONS					
statement of cha	provisions of sections 607.0502, 617 unge is submitted for a corporation or er to change its registered office or re	rganized u	nder the la	ws of the State of Flo	orida	
		•		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	the corporation: Making Lives B					
	office address: 5161 CALIFOR	VA AIVI	E SUITE	100		
IRVINE, (
_	address (if different):			N4.5000	200446	
4. Date of incorp	poration/qualification: 08/14/201	5	Document	number: N150000	JU8116 	
	d street address of the current register rtment of State: (If resigned, enter res		nd register	ed office on file with	the	
	SPRAGUE, CELESTI	Ε			38	
	396 RINEHART RD				ALLE PARE	6
	LAKE MARY		FL	32746	TARY O	
6. The name and (if changed):	d street address of the new registered	•		d/or registered office	의유 들	1
	Registered Agent Solu	tions, I	nc.		m •.	
	155 Office Plaza Dr.	S	Suite A			
		O. Box NOT a	•	4		
	Tallahassee	FL	3230			
	ess of its registered office and the st be identical. as authorized by resolution duly add the board, or the corporation has bee					
	h (Cece) Lan Pan re of an officer or director	Eliza		ece) Lan Pan U	reasurer	
I hereby accept I further agree of my duties, an document is bei corporation ha	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change is s been notified in writing of this cha	it and agre statutes re obligation in the regin inge.	ee to act in elative to the of my pos stered offic	this capacity. he proper and compl sition as registered a ce address. I hereby o	ete performance igent. Or, if this confirm that the	
Had	mindt	02	/18/202	2		
Sig	mature of Registered Agent		•	Date		
If signing on be	half of an entity:					
Mackenzie Hart,	Assistant Secretary					
т	yped or Printed Name					
	* * * FILING	3 FEE: \$3	5.00 * * *			