## 119000054127

(	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(	(Business Entity Name)					
(Document Number)						
Certified Copies	ed Copies Certificates of Status					
Special Instructions to Filing Officer:						
	J. HORNE					
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23 SEP -6 AH 8: 46

LLAHASSEE, FLORE

2029 SEP -6 PM 3: 30

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 920729 8408630						
AUTHORIZATION: Spelle Reman						
COST LIMIT : \$35.00						
ORDER DATE : August 4, 2023						
ORDER TIME : 2:26 PM						
ORDER NO. : 920729-060						
CUSTOMER NO: 8408630						
CHANGE OF AGENT						
NAME: LOVE & LIFE FOUNDATION, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker EXT#						
EXAMINER:						

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

statement of chai	provisions of sections 607.0502, 61 nge is submitted for a corporation to change its registered office or a	organized under the law	s of the State of <u>F</u>	<u>L</u>		
1. The name of t	ne corporation: LOVE & LIFE FOU	NDATION, INC.				
2. The principal 301 E. PINE ST	office address: ., SUITE #1400 ATTN: TUCKER	J. THONI ORLANDO, I	FL 32801			
3. The mailing a	ddress (if different):					-
4. Date of incorp	oration/qualification: 09/09/2019	Document n	umber: N1900000	9427		_
5. The name and	street address of the current regist tment of State: (If resigned, enter r	ered agent and registered				
	GRAYROBINSON, P.A.		· <del></del>			
	301 E. PINE ST., SUITE #1400 ATTN: TUCKER J. THONI					
	ORLANDO	FL	32801		23 SEP	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office  Corporation Service Company					71
	1201 Hays Street			777. * -1. *****	<b>2</b>	
P.O. Box NOT acceptable						
	Tallahassee	FL	32301	Ð,H	91	
The street addre	ss of its registered office and the be identical.	street address of the bu	siness office of its	registered	agent.	•
Such change was authorized by the	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of deen notified in writing o	lirectors or by an o of the change.	fficer so		
Signatur	or an officer of directur	March	EW WIDEM	κη <sup>, 01</sup>	FIC	EP
corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this co n Service Company	ent and agree to act in Il statutes relative to th he obligation of my pos e in the registered office hange.	this capucity, e proper and comp ition as registered e address, I hereby	olete perfo agent Or confirm t	rmanc · if thi. hat the	e S
By: X) Mac	· Cokuble	09/05/20				
	nature at Registered Agent		Date			
ii signing on be	half of an entity:					
	Asst. Vice President ped 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 (04/13)