

N1900000 9575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

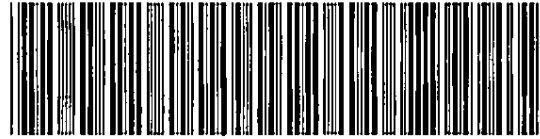
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7/10/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2020

JOHNNY SVAJKO
141 SAGE BRUSH TRAIL
ORMOND BEACH, FL 32174

SUBJECT: LIVE LOVE LIFE, INC
Ref. Number: N19000009575

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 020A00011377

Please see attached.

Thank you.

Johnny Svajko

386-672-0775

RECEIVED

JUL 07 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Live Love Life, Inc
Name of Corporation

DOCUMENT NUMBER: N19000009575

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:

Johnny Svajko

Name of Contact Person

Olivari & Associates

Firm/Company

141 Sage Brush Trail

Address

Ormond Beach, FL 32174

City/State and Zip Code

info@livelovelife.care

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randolph Margrave

Name of Contact Person

at (386) 451-7418

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Live Love Life, Inc
2. The principal office address: 1702 Ridgewood Ave, Suite J Holly Hill, FL 32117
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/11/2019 Document number: N19000009575
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)

William Madden

6130 47th Street, Suite F

Bradenton, FL 34203

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

Olivari & Associates, PA


141 Sage Brush Trail, Suite D

P.O. Box NOT acceptable

Ormond Beach, FL 32174

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.


Signature of an officer or director

Randolph E Margrave, Secretary

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

05/15/2020

Date

If signing on behalf of an entity:

JOHNNY SVAJKO, PA FOR
Typed or Printed Name

OLIVARI & ASSOCIATES, CPAs

*** 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)