10: From: Spiegel & Utrera

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2009

DOCUMENT # P03000071035

1. Entity Name

Joy of Living II, Inc.

FILED

2009 MAY 22 A 11:09

4001569091E4
05/22/09--01009--022 **150.00

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2. Principal Place of Business	3. Mailing Address
8548 Alam Ave	Same.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port, FL	City & State
Zip: 34287 Country: Sarasota	Zip Country

4. FEI Number: 02-0699467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: ~~[illegible]~~ Lorna DeRiggs

Street Address (P.O. Box Number is Not Acceptable): ~~1840 Coral Way, [illegible]~~ 8548 Alam Ave

City: ~~Miami~~ North Port FL Zip Code ~~33145~~ 34287

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ____________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	TITLE	
NAME	DeRiggs, Lorna.	NAME	
STREET ADDRESS	8548 Alam Ave, North Port, FL	STREET ADDRESS	
CITY-ST-ZIP	34287	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/27/09 941-223-0031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #