

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filtra Officers
Special Instructions to Filing Officer:

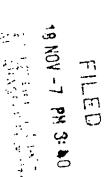
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RIANU



October 26, 2018

JONATHAN HOMEWOOD NEW LIFE VENTURES INC. 12955 BISCAYNE BLVD SUITE 200 NORTH MIAMI, FL 33181

SUBJECT: NEW LIFE VENTURES INC.

Ref. Number: P03000121531

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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 718A00022092



## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Name of Corporation

DOCUMENT NUMBER: SOCIAL S

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

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
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Replie Lentures Inc.
2. The principal office address: 1200 X200
north Micmi FC33181
3. The mailing address (if different):
\( \) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4. Date of incorporation/qualification: \( \frac{129}{29} \) \( \frac{2005}{2005} \) Document number: \( \frac{15000}{2005} \)
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)
chatha tomacacl
1995 Biscorno Flyo X 402
200 - M - T - 33/8/
16th Man 1-C 35181
6. The name and street address of the new registered agent (if changed) and /or registered office?
Sorathan Homasacl
12955 Frame BlvD Site 200 1th man FC
P.O. Box NOT acceptable
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
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
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 Date
If signing on behalf of an entity:
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*