(Requestor's Name)						
(Address)						
,						
(Address)						
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P!CK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
' 						
Special Instructions to Filing Officer:						
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COVER LETTER

TO:	Amendment Sec Division of Cor							
SUBJE	ЕСТ:	LINK LIFT Name of C	, INC. Corporation					
DOCU	JMENT NUMBI	cr: P06	000032081					
The en	closed Statement	of Change of Registered Office	ee/Agent and fee are submitted for filing.					
Please	return all corresp	ondence concerning this matte	r to the following:					
			•					
		Barbara Link,	Vice President					
		Name of Co	ntact Person					
LINK LIFT, INC.								
	Firm/Company							
	813 Garden Court Address							
Audiess								
		Plantation F	Jorida 22217					
	Plantation, Florida 33317 City/State and Zip Code							
·								
buckyatwork@yahoo.com E-mail address: (to be used for future annual report notification)								
E-man address. (to be used for future annual report nonneation)								
Ean fun	ahar information	aanaamina thia mattan mlaasa	ooll.					
roriur	ther information	concerning this matter, please	can.					
		rbara Link	at (<u>954</u>) <u>275-7425</u> Area Code & Daytime Telephone Number					
	Name of	Contact Person	Area Code & Daytime Telephone Number					
Enclos	ed is a \$35.00 ch	eck made payable to the Depart	tment 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

statement of cha	nge is submitted for a co	rporation organized	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of Florida
1. The name of t	he corporation: LINK	LIFT, INC.		
2. The principal	office address: 813 Ga	rden Court, Pla	ntation, Florida 3331	7
3. The mailing a	ddress (if different): [Sa	me]		
4. Date of incorp	poration/qualification:	03/03/2006	Document number:	P06000032081
	street address of the cur tment of State: (If resign		at and registered office on f	ile with the
	Resigned - Warren	Kozlow		<u> </u>
7000 W. Palmetto Park Rd., Suite 305				
	Boca Raton, Florid	a 33433		
6. The name and (if changed):	street address of the nev	v registered agent (i	f changed) and /or registere	SECRETARY OF STALLAHASSEE, FLOWed office
	Barbara Link			
	813 Garden Court			780 S
	Plantation, Florida	P.O. Box NOT acc	ceptable	
The street addre			dress of the business office	e of its registered agent,
Such change was authorized by	is authorized by resoluti ne board, or the corporat	on duly adopted by ion has been notifi	y its board of directors or led in writing of the chang	by an officer so
Signatur	The of an officer or director	<u> </u>	Barbara Link, V	
I hereby accept I further agree to of my duties, an document is best corporation has	the appointment as reg to comply with the provi d I am familiar with and ng filed merely to reflect been potified in whiting	istered agent and a sions of all statute d accept the obliga t a change in the r of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y. Id complete performance istered agent. Or, if this hereby confirm that the
	nature of Registered Agent		3/30/ Date	16
,	half of an entity:		, 23.0	
T	yped or Printed Name			

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