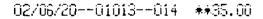
P07000043280

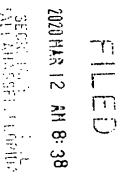
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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MAR 1 3 2020 I ALBRITTON





March 3, 2020

IMPROVING LIFESTYLES, INC. 7264 IMPERIAL BEACH CIRCLE DELRAY BEACH, FL 33446

SUBJECT: IMPROVING LIFESTYLES, INC.

Ref. Number: P07000043280

We have received your document for IMPROVING LIFESTYLES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

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.

Letter Number: 220A00004644

Irene Albritton Regulatory Specialist II

www.sunbiz.org

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

603 0503 617 0503 607 1508 or 611 1508, Florida Statutes, this
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 611.1508, Florida Statutes, this
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or all 1500, of the State of Hovida statement of change is submitted for a corporation organized under the laws of the State of Florida.
statement of change is submitted for a corporation organized under the table. in order to change its registered office or registered agent, or both in the State of Florida.
INDEPOSITING LIFE STYLES, INC.
- $ -$
2. The principal office address: 1764 IMPERIAL ISTACTION OF THE STATE
DELRAY BEACH, FLORIDA 33446
3. The mailing address (if different):
0.70.1.700
4. Date of incorporation/qualification: 1816 7007 Document number: 50700043780
Sile and registered office on file with the
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)
OCON CONDATE SERVICESANI
BSPA CORPORATE SERVICESAUL,
350 FAST LAS OLAS BOLLEVADO, SUITE 1000
FORT LAUDERDALE, FLORIDA 33301
TOKI I FILL TO THE STATE OF THE
6. The name and street address of the new registered agent (if changed) and for registered office
6. The name and street address of the new registerior garden COHEN (if changed): ANUEL COHEN THE PROUDE STATES INC.
(I diameter)
THE ROUNG LIFEST YELD THE
7764 IMPERIAL BEACH CIRCLES TO T
PO Box NOT neceptable
DI DAN DE ACIL EL NOIDA 22446 = =
VELKAI DEHCH FLURIUM 33112
The street address of its registered office and the street address of the business office of its registered agent,
The street address of its registered office and the street address of the same
as changed with 60 resolutions or by an officer so
Such change was authorized by resolution duly adopted by its board of directors or by an officer so 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.
additionated by agency and a support of the support
MANUEL COHEN PRESIDENT
The stan expert of direction
I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and accept to the proper and complete. I further agree to comply with the provisions of all statutes relative to the proper and complete. I further agree to comply with the provisions of all statutes relative to the proper and complete as registered of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position accept the obligation of my position as registered performance of my duties, and I am familiar with and accept the obligation of my position accept the obligation of my position accept the obligation of my position accept the obligation of my
I further agree to comply with the provisions of all statutes retained of my position as registered
performance of my duties, and I am filled merely to reflect a change in the registered office data as, I
hereby confirm that the corporation has been notified in writing of the
JANUARY 78 2020
// / / Lage
Signature of Registered Agent
If signing on behalf of an entity:
It alking on remain or an arms.
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314