

P10000078551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

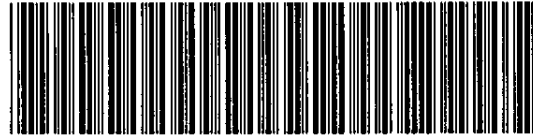
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100229027031

04/16/12--01019--007 \*\*35.00

RA RO LY

FILED  
12 APR 16 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 17 2012  
T. ROBERTS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CONTROL YOUR LIFE, INC.  
Name of Corporation

DOCUMENT NUMBER: P10000078551

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:

FRANCES BLANKENSHIP

Name of Contact Person

CONTROL YOUR LIFE, INC.

Firm/Company

10044 NW 53RD STREET

Address

SUNRISE, FL 33351

City/State and Zip Code

frankie@controlyourlife.us

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

For further information concerning this matter, please call:

FRANCES BLANKENSHIP

Name of Contact Person

at ( 954 ) 658-3611

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 FLORIDA.  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CONTROL YOUR LIFE, INC.
2. The principal office address: 10044 NW 53RD STREET  
SUNRISE, FL 33351
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: 9-27-10 Document number: P10000078551
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)

AR FINANCIAL SERVICES, INC.  
6191 W. ATLANTIC BLVD. #8  
MARGATE, FL 33063

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

FRANCES BLANKENSHIP  
10044 NW 53RD STREET  
P.O. Box NOT acceptable  
SUNRISE, FL 33351

**FILED**  
12 APR 16 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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.

Frances Blankenship  
Signature of an officer or director

FRANCES BLANKENSHIP.  
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.*

Frances Blankenship  
Signature of Registered Agent

4-11-12.  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* 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 (8/05)