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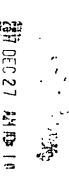
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Special Instructions to Filing Officer:		





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COVER LETTER

TO:

Amendment Section Division of Corporations

Law of Attraction Singles, Inc.

Name of Corporation

211000024521

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:

Art Shelest

Name of Contact Person

Law of Attraction Singles, Inc.

Firm/Company

PO Box 8441

Address

Coral Springs, FL 33075

City/State and Zip Code

art@shelest.com

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

For further information concerning this matter, please call:

Art Shelest

Name of Contact Person

954 551-5847
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

statement of change is	sions of sections 607.0502, 617.050 s submitted for a corporation organ hange its registered office or regist	nized under the laws of the State	of Florida
1. The name of the co	rporation: Law of Attraction S	Singles, Inc.	
	e address: 11233 NW 51st St		6
3. The mailing address	s (if different): PO Box 8441	Coral Springs FL 33076	
4. Date of incorporation	on/qualification: 03/18/2011	Document number: P11	000024521
	et address of the current registered a t of State: (If resigned, enter resigne		e with the
Cat	herine Shelest		
112	233 NW 51st St Coral Spr	ings FL 33076	
			· DEC
6. The name and stree (if changed):	t address of the new registered age	nt (if changed) and /or registered	
Art	Shelest		
62	46 Coral Lake Dr. NOT		<u>} </u>
The street address of as changed will be ide	its registered office and the street entical.	address of the business office o	f its registered agent,
	horized by resolution duly adopted ard, or the corporation has been no		an officer so
Signature of an	officer or director	Catherine Shelest	ते title
I hereby accept the ap I further agree to comperformance of my du agent. Or, if this doc hereby confirm that the	ppointment as registered agent an aply with the provisions of all statu uties, and I am familiar with and a ument is being filed merely to refl to corporation has been notified in	d garge to get in this canacity	
Signature o	f Registered Agent	12/19/201 Date	17
If signing on behalf o	J C		
Typed or	Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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