

P110000042074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

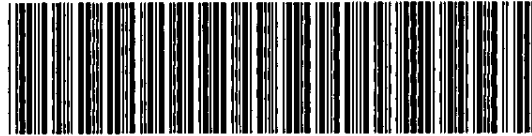
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900229357969

RA
Change

04/17/12--01031--003 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 17 PM 4:05

FILED

X 00789,00524

00671

POOR
4/20/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Living for Excellence Canada Corporation
Name of Corporation

DOCUMENT NUMBER: P11000042074

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:

Shanna Keel
Name of Contact Person

NRAI Corporate Services
Firm/Company

101 West Vandalia St, Suite 245
Address

Edwardsville, IL 62025
City/State and Zip Code

skeel@nrai.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shanna Keel at (618) 656-3791
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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LIVING FOR EXCELLENCE CANADA CORPORATION
2. The principal office address: 12184 Riverbend Road, Port St. Lucie, FL 34984
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/29/2011 Document number: P11000042074
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)

Woodward, Orrin

12184 Riverbend Road

Port St. Lucie, FL 34984

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

NRAI Services, Inc.

515 East Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

Rob Hallstrand
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.

NRAI Services Inc

by: 
Signature of Registered Agent

4/20/12
Date

If signing on behalf of an entity:

Sean J. Erick Assistant Secretary
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)

FILED
2012 APR 17 PM 4:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE