**35.00

(Requestor's Name)			
(Address)	000234978780		
(Address)	000204010100		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	05/14/12==01016==010 ***3!		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	SAC SAC		
Special Instructions to Filing Officer:	IZHAY IL		
	I MAS		

Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Infinity Life Choice, Inc.

Name of Corporation

DOCUMENT NUMBER:

P12000040844

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:

Justin Crane

Name of Contact Person

Infinity Life Choice, Inc.

Firm/Company

2875 S. Ocean Blvd Ste 8

Address

Palm Beach, FL 33480

City/State and Zip Code

gdiaz@synergylifechoice.com

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

For further information concerning this matter, please call:

Justin Crane

, 305

469-6133

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

statement of ch	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	nized under the laws of the State of	r_Florida	
1. The name of	the corporation: Infinity Life Choice	e, Inc.		<u> </u>
2. The principal	l office address: 2875 S. Ocean Bl ach, FL 33480	vd Ste 8		
3. The mailing	address (if different): Same as abo	ve		
4. Date of incor	poration/qualification: 05/01/2012	Document number: P120	00040844	
	d street address of the current registered a rtment of State: (If resigned, enter resigned		with the	
	Justin Crane		- A. 2	
	9415 Sunset Drive #143		COLUMN IN	********
	Miami, FL 33173			THE TRANSPORT
6. The name an (if changed):	d street address of the new registered ager	nt (if changed) and /or registered o	m_{c}	mo
	Justin Crane			
	2875 S. Ocean Blvd Ste 9			
	P.O. Box NOT	acceptable	-	
	Palm Beach, FL 33480		_	
The street addr as changed will	ess of its registered office and the street l be identical.	address of the business office of	its registered ager	nt,
α	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by ar tified in writing of the change.	officer so	•
Just	i.S. Crane	Justin Crane		<u>.</u>
	ure I an officer or director	Printed or typed name and t	itle	
I further agree performance of agent. Or, if th	t the appointment as registered agent and to comply with the provisions of all stati my duties, and I am familiar with and a his document is being filed merely to refl that the corporation has been notified in	utes relative to the proper and co eccept the obligation of my position ect a change in the registered off	on as registered	
a anti	a C. Claro	May 9, 2012		
Sig	gnature of Registered Agent	Date		•
If signing on bo	chalf 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 (03/12)