

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000067118

**FILED**  
**Sep 29, 2014**  
**Secretary of State**

**Entity Name:** LIFE CHANGING CONSULTANTS INC.

**Current Principal Place of Business:**

10106 CARDINAL COVE CIRCLE  
SANFORD, FL 32771

**New Principal Place of Business:**

927 FERN ST.  
2500  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

10106 CARDINAL COVE CIRCLE  
SANFORD, FL 32771

**New Mailing Address:**

478 E. ALTAMONTE DR  
313  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STONE, ANDREW  
198 MELLON DR  
DEBARY, FL 32713    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANDREW STONE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALTERS, KYRK A  
Address: 305 ROBIN HILL DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP  
Name: ASSENT, MERLIN A  
Address: 1030 PACES CIR # 312  
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MERLIN ASSENT

VP

09/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date