

P14000044340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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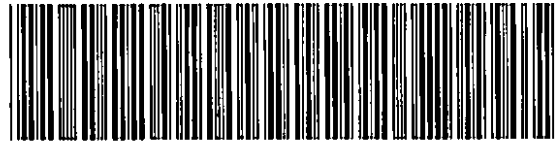
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Responsible Life, Inc.
Name of Corporation

DOCUMENT NUMBER: P14000044340

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:

Nancy Pedone
Name of Contact Person

Responsible Life Inc.
Firm/Company

105-30 Strongfellow Rd.
Address

Bokeeler FL 33922
City/State and Zip Code

Nancy@Responsible1.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Pedone at (833) 899 4663
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

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3773 Howard Hughes Parkway · Suite 500S
Las Vegas, NV 89169-6014

Phone 702.866.2500
Toll-Free 800.2.INCORP (1-800-246-2677)
Fax 702.866.2689

www.incorp.com

Monday, June 25, 2018

Attn: Pedone, Nancy R
Responsible Life, Inc.
10530 Stringfellow Rd suite 5
Bokeelia, FL 33922
United States

Dear Nancy:

Enclosed you will find the drafted Registered Agent Change form for Responsible Life, Inc. Please submit the forms to the Florida Secretary of State for filing, the original document is required.

Thank you once again for choosing InCorp Services, Inc. as your Registered Agent! Please feel free to contact us if you have any questions or concerns. We can be reached Monday – Friday at (800) 246-2677 from 6am to 6pm PST.

If you have any questions, please contact me at (800) 246-2677 from 6am to 6pm PST.

Sincerely,

Kiana Fernandez
Orders Account Executive

**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: Responsible Life, Inc.

2. The principal office address: 10530 Stringfellow Rd, Suite 5
Bokeelia, FL 33922

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/16/2014 Document number: P14000044340

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)

Pedone, Nancy Rochelle

10530 Stringfellow Rd - Suite 5

Bokeelia, FL 33922

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

InCorp Services, Inc.

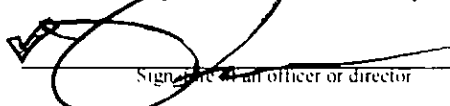
17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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.

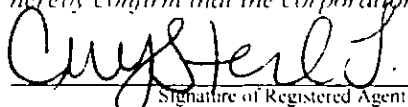


Signature of an officer or director

Nancy Rochelle Pedone, President

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.



Signature of Registered Agent

June 22, 2018

Date

If signing on behalf of an entity:

Crystal Jauregui on behalf of InCorp Services, Inc.

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)

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