P1700000 8376

(Re	equestor's Name)						
(Ac	idress)						
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(Ci	ty/State/Zip/Phone	∋ #)					
PICK-ŲP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Better Lives 1976 Name of Corporation
DOCUMENT NUMBER: P1700008376
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:
Radha Ram bilas Name of Contact Person Be Her Lives In C Firm/Company
3496 Somerset Park Drive
Orlancio FL 32824 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Radha Rambilis at (347) 557-4113 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of secti nge is submitted f	for a corporati	ion organized un	der the laws o	of the State	of Florida
	r to change its reg		o o			•
1. The name of t	he corporation: office address:	Beffer	Lives 1	2 C		
2. The principal	office address: 32824			Park (
3. The mailing a	ddress (if differer	nt):				
4. Date of incorp	ooration/qualificat	tion: <u>07/2</u>		Document num	nber:	27.00000 83
5. The name and	l street address of tment of State: (If	the current reg	gistered agent an			
	1441 F	ortune	Retail Coc	11.1 , B	0×4129	38
	1441 Fo Kissimm	nee Fl	3470	14 (.	mistak	ول الله
(if changed):	I street address of	-	•	- ,	_	
	3496	Somersen	Park	Drive	<i>,</i>	
	3496 0/1900	G FL	328 D. Box NOT acceptable	24		
			·			•
The street addre	ess of its registere be identical.	d office and the	he street address	s of the busine	ess office o	of its registered agent,
Such change wa authorized by the	s)authorized by board, or the co	esolution duly orporation has	adopted by its been notified in	board of dired writing of the	ctors or by ne change.	an officer so
Franklin Rignatur	re of an officer or direct	ples		Roc/ha	Rom typed name an	bilas
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment o comply with the my duties, and I is document is be that the corporat	as registered as provisions of am familiar wing filed mere to has been to	agent and agree f all statutes rel ith and accept ti ly to reflect a ch notified in writin	to act in this	canacity	complete tion as registered ffice address, I
Sign	nature of Registered Ag	ent ent	<u> </u>	3/1	Date Date	7
Ĭ	half of an entity:	las				
	ped or Printed Name		_			

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