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CORPORATION :	NAME(S) & DOCUMENT N	UMBER(S), (if	known):	
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NEW FILINGS	AMENDMENTS :		000022	168077
Profit	Amendment		-06/19/9 *****35	1701021009 1.00 *****35.00
NonProfit	Resignation of R.A., Officer/	Director		
Limited Liability	Change of Registered Agent			
Domestication	Dissolution/Withdrawal			
Other	Merger			
OTHER FILINGS	REGISTRATION/	e e e e e e e e e e e e e e e e e e e		
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Annual Report	Foreign			(,
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	Other			5/23
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Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of $1000000000000000000000000000000000000$
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
The name of the corporation is: PRPLIFE, Two.
2. The mailing address of the corporation is: 455 E. Merrimac Drive Merritt Island, Fl. 32952
3. Date of incorporation/qualification: \(\frac{221995}{221995}\) Document number: \(\frac{P9500001503}{2500001503}\) 3. The name and address of the current registered agent and office: \(\frac{Paula Polyanski (Hear)}{2500001503}\)
5800 N. Lakosicle Drive #1116
Margate, Fl. 33063 = = = = = = = = = = = = = = = = = = =
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Paula Hegi
455 E. Merrimac Drive
Meint Island, A. 32952
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.
Signature of an officer, chairman or vice Chairman of the board) (Date)
Paula Hegi - Dice to
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Translated Name)
(Typed or Printed Name) (Capacity)

FILING FEE: \$35.00

CR2E045(1/95)