

P98000045178

Requestor's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

700002604077  
 -07/31/98-01056-013  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

- Walk in     Pick up time \_\_\_\_\_     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

98 JUL 31 PM 2:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**FILED**

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Handwritten:*  
 P98000045178  
 3PX  
 RA on 7-31-98

Examiner's Initials \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 15, 1998

STEVEN L.J. LEDERER, ESQ.  
SUITE #100  
2450 N.E. MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33180

SUBJECT: WELLBEING & LIFE SATISFACTION INSTITUTE, INC.  
Ref. Number: P98000045178

We have received your document for WELLBEING & LIFE SATISFACTION INSTITUTE, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

The document must contain a statement that the street address of the registered office and the street address of the business office of its registered agent, as changed, will be identical.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis  
Corporate Specialist Supervisor

Letter Number: 598A00037546

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 JUL 31 PM 2:11

FILED

CERTIFICATE DESIGNATING CHANGE  
OF  
REGISTERED AGENT

In compliance with section 607.0501, Florida Statutes, the following is submitted:

1) Name <sup>ADDRESS</sup> of the Corporation is Wellbeing & Life Satisfaction Institute, Inc. 4014 CHASE AVE #202

INCORPORATED: 05-19-98 MIAMI BEACH, FL 33140  
P 98000045178

2) Street address of the Registered Office 3732 N.W. 16th Street, Fort Lauderdale, Florida 33311

3) Name of the current Registered Agent is Wellbeing & Life Satisfaction Institute, Inc. 3732 N.W. 16 ST. FT. LAUDERDALE FL 33311

4) Name of the successor Registered Agent is Robin Avery

5) Street address of the new Registered Office 4014 CHASE AVE Suite 202, MIAMI BEACH, FL 33140

6) Such change of Registered Agent and Registered Office was authorized by an Officer of the Corporation, so authorized by the Board of Directors. Street address of the registered office and the street address of the business office of its registered agent, as changed, is identical.

Signature x Robin Avery

ROBIN AVERY

Title PRESIDENT

Date July 1st 1998

Having been named to accept service of process for the above named Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties.

Date: 7/1/1998

Signature Robin Avery

ROBIN AVERY

FILED  
JUL 31 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA