(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	<u> "</u>
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May 8, 2018

WILLIAM D. GORMAN LIFESTYLE CHOICE REALTY, INC. 1498 WAUKON CIRCLE CASSELBERRY, FL 32707

SUBJECT: LIFESTYLE CHOICE REALTY, INC.

Ref. Number: P98000072238

We have received your document for LIFESTYLE CHOICE REALTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the new registered agent information in part 6 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 318A00009520

Irene Albritton Regulatory Specialist II



## 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: LIFESTY DE Choicié RIZALTY, INC
2. The principal office address: 1401 WEST Highway 50, Box 233
CLERMONT FL 34711
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 8/17/1998 Document number: 17980000 72238
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)
William O GORMAN
William O GORMAN  1478 WAUKUN CINCLE  FEE = 7
CHES+ CASSELberry, FL 32707 E
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
William D. Gorman
1401 West Highway 50 Box 233/ Per P.O. Box Nort acceptable
Clermont, FL 34711
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.
William D. Corman  Signature of an officer or director  William D. Corman  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 5/2/2018  Date
If signing on behalf of an entity:
Norman L. Lo: SE //E MANAGER Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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