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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LIFESTYLE INTERIORS (Name of Corporation)
DOCUMENT NUMBER: P9900077231
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:
HOLLY BIRCH-REEDER (Name of Contact Person)
LITESTYLE (hterives Inc. (Firm/Company)
745 S Nova Rd. (Address)
ORMAN BEACH FC. 32174 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (387c) (73-6933 (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

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.
1. The name of the corporation: LIFESTYLE hTERUSES, Inc.
2. The principal office address: 745 SOUTH NOVA RC.
3. The mailing address (if different):
3. The maring address (it different).
4. Date of incorporation/qualification: Aug 30,1997 Document number: 170,000 77231
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
HOLLY E. BIECH
732 LAKE WINTY CIVILL ASS
6. The name and street address of the new registered agent (if changed) and /or registered officers (if changed):
HOLLY BIRCH REEDER STORY THE SOUTH NOVA RD. (P.O. Box NOT acceptable)
CRIDEND BEACH, FC 32174
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.
I hereby accepathe 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 locument 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)
f signing on behalf of an entity: (Shill Interview of Mane) (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