that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

Current Principal Place of Business:

Entity Name: DESIGNER LIFESTYLES "LLC"

DOCUMENT# L06000081045

JACKSONVILLE, FL 32205-4716

2220 CNTY 210 RD W STE 108-428 SAINT JOHNS. FL 32259-4058 US

FEI Number: 20-5406635

Name and Address of Current Registered Agent:

MAYER, CHRISTOPHER J 2220 CNTY 210 RD W STE 108-428 SAINT JOHNS, FL 32259-4058 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

619 CASSAT AVE

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MAYER, CHRISTOPHER J	Name	MAYER, JONATHAN I
Address	2220 CNTY RD 210 W STE 108-428	Address	2220 CNTY RD 210 W STE 108-428
City-State-Zip:	SAINT JOHNS FL 32259-4058	City-State-Zip:	SAINT JOHNS FL 32259-4058

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

SIGNATURE: CHRISTOPHER MAYER

Certificate of Status Desired: Yes

Date

FILED Feb 07, 2018 Secretary of State CC0126982019

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

MGRM



Date