

P170002158611

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6380

From: Account Name : SANDRA ROLON & ASSOCIATES, CPA, PA.
 Account Number : I19980000068
 Phone : (954) 437-0700
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Email Address: Alina@sra.cpa.net

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 17 AUG 16 PM 2:46
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
 NUTRIHEALTH TECH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

AUG 17 2017
 S. YOUNG

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: NUTRIHEALTH TECH, INC.
- 2. The principal office address: 7520 NW 5 STREET, SUITE 100
PLANTATION, FL 33317
- 3. The mailing address (if different): _____
- 4. Date of Incorporation/qualification: 07/10/2017 Document number: P17000058611

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)

ANGELO ACOCELLA
7520 NW 5 STREET, SUITE 100
PLANTATION, FL 33317

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SANDRA ROLON & ASSOCIATES, CPA, PA
3600 RED ROAD, SUITE 403
P.O. Box NOT acceptable
MIRAMAR, FL 33025

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17 AUG 16 4 31 39
TALLAHASSEE, FLORIDA

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.

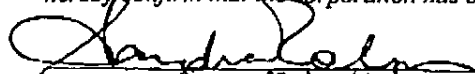


Signature of an officer or director

ANGELO ACOCELLA - PRESIDENT

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

8/15/17

Date

If signing on behalf of an entity:
SANDRA ROLON

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
CR2E045 (03/12)