

P2300007951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

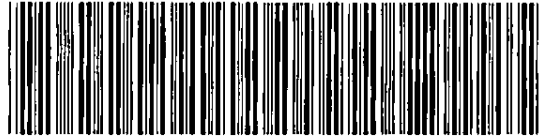
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STATE OF MICHIGAN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SE Nutrition Corp
Name of Corporation

DOCUMENT NUMBER: P23000079151

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:

Sebastian Allegretta

Name of Contact Person

SE Nutrition Corp

Firm/Company

382 NE 191 ST ST #501205

Address

Miami, FL 33179

City/State and Zip Code

sallegretta1602@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sebastian Allegretta

Name of Contact Person

at () 7866431038
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: SE Nutrition Corp

2. The principal office address: 382 NE 191st ST #501205, Miami, FL 33179

3. The mailing address (if different): 4000 Riviera Dr, Coral Gables, FL 33146

4. Date of incorporation/qualification: November 08, 2023 Document number: P23000079151

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)

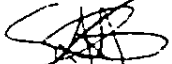
Resigned

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

4000 Riviera Dr, Coral Gables, FL 33146
P.O. Box NOT acceptable

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

Sebastian Allegretta P.D
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

04/04/2024
Date

If signing on behalf of an entity:

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

FILED
2024 APR -8 PM 4:37
STATE OF FLORIDA
DIVISION OF CORPORATIONS