

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
NUTRIBALANCE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

RECEIVED
2016 JAN 29 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 JAN 29 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

FEB 01 2016
S. YOUNG
Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUTRIBALANCE, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 10th Floor

Address

Glendale, CA 91203

City/State and Zip Code

onlinefilings@legalzoom.com

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

For further information concerning this matter, please call:

Imelda Vasquez

at (323) 962-8600 x7950

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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16 JAN 29 PM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: NUTRIBALANCE, LLC

2. (a) 8925 Collins Avenue, 10F

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Surfside, FL 33154

(b) 8925 Collins Avenue, 10F

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Surfside, FL 33154

01/04/2016

3. Date of filing/registration in Florida

L15000207994

4. Document number

5. (a) Sally Goldstein

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8925 Collins Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

10F

Surfside, FL 33154

(b) United States Corporation Agents, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

13302 Winding Oak Court

NEW Registered Office Address:

Suite A

Tampa, FL 33612

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16 JAN 29 AM 11:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cheyenne Moseley, Assistant Secretary on behalf of
United States Corporation Agents, Inc.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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1. Name of the limited liability company: NUTRIBALANCE, LLC
2. (a) 8925 Collins Avenue, 10F
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Surfside, FL 33154
- (b) 8925 Collins Avenue, 10F
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Surfside, FL 33154
3. 01/04/2016
Date of filing/registration in Florida
4. L15000207994
Document number

5. (a) Sally Goldstein
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8925 Collins Avenue

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

10F

Surfside, FL 33154

- (b) United States Corporation Agents, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

13302 Winding Oak Court

NEW Registered Office Address:

Suite A

Tampa, FL 33612

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sally Goldstein
Signature of a member or authorized representative of a member

Sally Goldstein
Printed or typed name of signer

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Cheyenne Moseley
Signature of Registered Agent
Cheyenne Moseley, Assistant Secretary on behalf of
United States Corporation Agents, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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