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To:			
Division of Corporations Fax Number : (850)617-6383			
From:			
Account Name : VCORP SERVICES, LLC Account Number : 120080000067			
Phone : (845)425-0077 Fax Number : (845)618-3588			
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 😽 👡			
SMART FOR LIFE, INC.			
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____ SMART FOR LIFE, INC.

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:

Jemima Abreu

Name of Person

Vcorp Services

Firm/Company

25 Robert Pitt Drive,Suite 204 Address

> Monsey, NY 10952 City/State and Zip Code

jabreu@vcorpservices.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jemima Abreu Name of Person _____at (<u>____845____)___425-0077</u>

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF 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

I. N	ame of the limited liability company:SMAI	RT FOR LIFE, INC.	
2. (a)		(b)	
	Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10575 NW 37 Terrace		10575 NW 37 Terrace
	DORAL, FL 33178		DORAL, FL 33178
	03/31/2017		F17000001501
3.	Date of filing/registration in Florida	4.	Document number
	CERVANTES, ALFONSO J Registered Office Address <u>(MUST BE FLORIDA STRI</u> 10575 NW 37 Tenace DOR AL		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	tered Office address:	2023 F= 3
	<u>Neorp Services LLC</u> <u>NEW</u> Registered Office Address: 1200 South Pine Island Road		
	Plantation		

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.

Minton Darren	/s- Minton, Darren
Signature of a member or authorized representative of a member	Printed or typed name of signee

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.

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Signature of Registered Agent

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