

L060000000627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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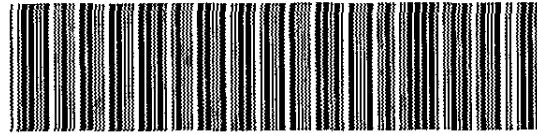
(Business Entity Name)

(Document Number)

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J. BRYAN NOV 15 2006

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2006

RONALD DRUCKER
ONE STOP NUTRITION SHOP, LLC
3601 W. COMMERCIAL BLVD. STE. 11
FORT LAUDERDALE, FL 33309

SUBJECT: ONE STOP NUTRITION SHOP LLC
Ref. Number: L06000000627

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We have received your document for ONE STOP NUTRITION SHOP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have sent in two forms, and one fee. You can do everything on the amendment form. All you need to say is remove whomever or add whomever and say the registered agent has changed to whomever then add acceptance paragraph and a signature line. We don't file minutes, that is internal information kept in the company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 606A00066939

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE STOP NUTRITION SHOP, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

RONALD DRUCKER, President, Secretary & Treasurer
(Name of Person)

ONE STOP NUTRITION SHOP, LLC
(Firm/Company)

3601 W COMMERCIAL BLVD, STE 11
(Address)

FORT LAUDERDALE, FL 33309
(City/State and Zip Code)

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For further information concerning this matter, please call:

RONALD DRUCKER, at 954 486 1923
(Name of Person) (Area Code & Daytime Telephone Number)
President, Secretary & Treasurer

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: ONE STOP NUTRITION SHOP LLC
2. The mailing address of the limited liability company is : 3601 W. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33309 Suite 11
3. Date of filing/registration in Florida 01/04/06 4. Document number L0600000627

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JOHN R. BLAS
Name
1040 Seminole Ave #1558
Address
FORT LAUDERDALE, FL 33304
City, State and Zip

6. The name and address of the new registered agent and/or office:

R. RONALD DRUCKER, PRES.
Name
3601 W. COMMERCIAL BLVD. STE 11
Florida street address (P.O. Box NOT acceptable)
FORT LAUDERDALE, FL 33309
City, State and Zip

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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.

Ronald Drucker, PRES.
(Signature of a member or authorized representative of a member)

RONALD DRUCKER, PRES.
(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 608, 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.

Ronald Drucker, PRES.
(Signature of Registered Agent)

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