

(Req	uestor's Name)	
•		
(Addı	ress)	
(Addı	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nan	ne)
·	ŕ	•
(Doci	ument Number)	
·	,	
Certified Copies	Certificates	of Status
		•
Special Instructions to Fi	ling Officer:	
•		
		í

Office Use Only



500137989675

11/21/08--01019--006 \*\*25.00

08 NOV 21 AM ID: 28

M. THOMAS NOV 2 4 2008 EXAMINER



## **COVER LETTER**

TO: Registration Section Division of Corporations	
,	
SUBJECT: South Florida Supplemental	ents "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	g this matter to the following:
Robert Clark	
(Name of Person)	
Nations Bookkeeping & Tax	
(Firm/Company)	
1939 N Federal Highway	
(Address)	
Boca Raton, Fl. 33432	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Robert Clark	_ at (561) 372-0440
(Name of Person)	(Area Code & Daytime Telephone Number)
-	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
<b>√</b> \$25 Filing Fee	S55 Filing Fee & Certified Copy

## 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. Name of the limited liability company: South Flo	orida Supplements "LLC"	1
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any: 1939 N Federal Highway  Boca Raton  Florida, 33432	)
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	FI 02420	3 0 3
06092008 3. Date of filing/registration in Florida	L08000056564 4. Document number	
	4. Document number	
5. (a) Registered Agent and Registered Office shown Registered Agent:	Nations Fast Tax Inc	
Registered Office Address:	110 E Broward Blvd. Suite 1700 Ft Lauderdale, Fl. 33301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office address:	¢
<u><b>NEW</b></u> Registered Agent:	Nations Bookkeeping & Tax	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1939 N Federal Highway	
	Boca Raton,FL 33432	
If the limited liability company is not organized under that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company.  (Signature of a member or authorized representative of a member)	treet address of the registered office and the business e case of a Florida limited liability company, it is ed by an affirmative vote of the members of the limited	
Robert Clark (Printed or typed name of signee)		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positi F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been noti	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby fied in writing of this change.	

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