109000114174

(Re	equestor's Name)						
(Ac	ddress)						
(Ac	ddress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bi	usiness Entity Nar	me)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to	Filing Officer						

Office Use Only



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2021 JUL 26 PM 3: 44

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 928436 4355850

AUTHORIZATION : Planta

COST LIMIT : \$ 25.00

ORDER DATE: July 26, 2021

ORDER TIME : 3:0 PM

ORDER NO. : 928436-045

CUSTOMER NO: 4355850

CHANGE OF AGENT

NAME: ANUVIA FLORIDA LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EYAMINED.

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	ANUVIA FLORIDA LLC		
		Name of Limited L	iability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please retur	n all correspondence concernir	ng this matter to the	following:
Christa Pug	gh		
	Name of Person	· · · · · · · · · · · · · · · · · · ·	
Corporation	n Service Company		
	Firm/Company		_
801 Adlai S	Stevenson Drive		
	Address	-	_
Springfield.	, Illinois 62703		
	City/State and Zip Co	de	
GeneralCo	unsel@anuvianutrients.com		
E-mai	l address: (to be used for future	annual report notif	ication)
For further	information concerning this ma	itter, please call:	
Amy L. Eva	ard	574 at (296-2526
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the follow	ving amount:	
= 9	325 Filing Fee	□ \$:	55 Filing Fee & Certified Copy
INHS18 (2/1	4)		

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.

I. Na	ame of the limited liability company: ANUVIA FLORI	DA LLC	<u>. </u>	-			
2. (a)			b)				
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited l	-		•
	113 South Boyd Street		PO Box 2	220			
	Winter Garden, FL 34787	 _ -	Zellwood	I FL 32798			
	11/30/2009		L0900011	14174			
3.	Date of filing/registration in Florida	- 4.		Document number			
5. (a)							
). (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta				
	Margaret Mary Kozik Richardson, Esq.						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES:	<u>S)</u>	_			
	6751 Jones Ave.						
	Zellwood	32798		_			
	, FL	·——		-			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	Office ad	<u>ldress</u> :			,	
	NEW Registered Office Address:			_		-	
	1201 Hays Street						
	Tallahassee FL	32301				PH	
change ngent v was/we he arti Signatu I heretorovisi he obl o mere	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the under a member of authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. The	registered bility confirmed limited li	ed office an ompany, it in the diability connet Y. Bivi	ad the business office of shereby confirmed that by company or as otherwing any. Printed or typed name of sacity. I further agree to	Theire t the c vise pr ignee	egi ste i hange rovide	red e(s) ed in
ionnec Enti	d'in writing of this change.						
Ψ,,	re of Registered Agent						