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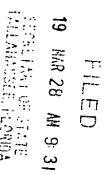
(Requestor's Name)					
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PICK-UP WAIT MAIL					
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Special Instructions to Filing Officer:					
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: S&S Brittner Nutrition Counseling Services PLLC 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:					
Susan D. Brither Name of Person					
S+S Brittner Nutrition Counseling Services PLLC Firm/Company					
11799 Foirfield Court Address					
Spring HILL F1. 34609 Otty/State and Zip Code					
SUSAND brittner @ gmail, (OM) E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
SUSAN D. Brittner at (352) 397-5976 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					

INHS18 (2/14)

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. Na	lame of the limited liability company: SVS BCH	tner Nutralo	n Counseling Services t	
2. (a)	11799 Fairfield Court	(b) 11799 Fairfield Court		
(-,	Principal office address of limited liability company:	Mailing a	ddress of limited liability company: MAY BE POST OFFICE BOX)	
	(Note: MUST BE STREET ADDRESS)	C 0 × 1 0 4	IIII FI OUCCO	
	Spring 1711 FT. 3400)	Spring	FILL FI. 39001	
	January 25th 2012	L12000	00/2096	
3.	Date of filing/registration/in Florida 4.	Docum	nent number	
5. (a)	, United States Corporation Ag	ent, Inc.		
J. (u)	Registered Agent and Registered Office shown on the records of the Flo	rida Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDR.	ESS)		
	13302 Winding Oak Cour	1, SURE A		
	Tampa , FL 3	3612		
	Sugar D Rottogs			
(b)			22	
	Enter name of NEW Registered Agent and/or NEW Registered Office	: address		
			15.1	
	NEW Registered Office Address:		9 03 03 03 03 03	
	11799 Fairfield Court		·50	
	Spring HILL n. 3	4609		
If the I	limited liability company is not organized under the laws of	the State of Florida, it	is hereby confirmed that after	
the cha	nange or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability	egistered office and th	e business office of the registered	
was/we	vere authorized by an affirmative vote of the members of the	limited liability comp	any or as otherwise provided in	
tne arti	ticles of organization or the operating agreement of the limit	ed hability company.	n Rrithner	
Signa	ature of a member or authorized representative of a member	Printed	or typed name of signee	
provisi the obl	eby accept the appointment as registered agent and agree to sions of all statutes relative to the proper and complete perfooligations of my position as registered agent as provided for rely reflect a change in the registered office address, I hereby the writing of this change.	act in this capacity. ormance of my duties, in Chapter 605, F.S. y confirm that the lim	l further agree to comply with the and I am familiar with and accept Or, if this document is being filed ited liability company has been	
Signatu	ure of Registered Agent			