

L12000018379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Love Your Nutrition and Health 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 this matter to the following:

Christi Smoak

Name of Person

Love Your Nutrition and Health LLC

Firm/Company

5575 Lone Pine Trail

Address

Melrose, FL 32666

City/State and Zip Code

smoakc95@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christi Smoak

Name of Person

at ( 352 )

473-8957

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

☒ \$55 Filing Fee & Certified Copy

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**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: Love Your Nutrition and Health LLC

2. (a) Principal office address of limited liability company: 5575 Lone Pine Trail

(Note: **MUST BE STREET ADDRESS**)

Melrose, FL 32666

(b) Mailing address of limited liability company:

5575 Lone Pine Trail

(Note: **MAY BE POST OFFICE BOX**)

Melrose, FL 32666

February 7, 2012

3. Date of filing/registration in Florida

L12000018379

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

UNITED STATES CORPORATION AG

Registered Office Address:

13302 WINDING OAK COURT SUITE A  
TAMPA, FL 33612

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Christi Smoak

**NEW** Registered Office Address:

5575 Lone Pine Trail

(**MUST BE FLORIDA STREET ADDRESS**)

Melrose, FL 32666

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.

Christi Smoak  
Signature of a member or authorized representative of a member

Christi Smoak